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ORIGINAL ARTICLES

OTITIS MEDIA.*

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No organ of the body is more complicated in its anatomical structure and physiological phenomena, nor more difficult to understand, than the ear in its middle and inner divisions. The situation of the middle ear, and its relation to surrounding parts, bears very great importance to the diseases and inflammations of that organ. Under the term middle ear, are included the tympanic cavity and its two very important adjuncts, the Eustachian tube in front and the mastoid process, with its cells, behind. A clear understanding of its anatomical structure and their relations is absolutely essential for successful diagnosis and treatment of middle ear inflammations. This part of the subject I deem unnecessary to discuss in this paper.

By the term otitis media, in the generally accepted sense, is meant inflammations confined to the tympanic cavity. I shall include the mastoid cells to some extent in connection with the drum cavity in this paper, from the fact that so often in the diseases of the tympanic cavity, the Eustachian tube and the mastoid process, in a greater or less sense, share in the morbid process. Deafness, deafmutism, disturbances of equilibrium and brain abscess often take their origin in some of the diseases of the middle ear.

It is said to be proven by statistics that one person out of every three has ear disease in one or both ears, and sixty per cent. of all ear diseases are of the middle ear.

*Read before the Lawrence-Stone County Medical Society, March 3, 1909.

Authorities divide otitis media, according to the clinical phenomena, into four classes, but I find it often very difficult to distinguish between them in some of their forms. They are divided into acute and chronic catarrhal otitis media, and acute and chronic purulent otitis media.

I shall confine my remarks to the acute forms of the inflammation; those forms most frequently seen first by the general practitioner rather than the specialist.

The difference in the etiology in these two, according to most authorities, seems to be only in point of virulence. The factors which determine whether an acute otitis media will be catarrhal or purulent, are based, first, on the power of constitutional resistance, or the blood state of the patient; secondly, on the local or exciting cause, including microörganisms.

In the acute catarrhal otitis media the mucous membrane is congested and swollen, with more or less exfoliation of the epithelium and excessive secretion of serum and mucus. These changes may be confined exclusively to the mucous membrane of the tympanic cavity, or they may extend to the antrum and mastoid cells. The drum cavity may be filled with this seroexudate.

Among the causes of catarrhal otitis media may be mentioned sudden atmospheric changes, influenza, improper diet, impaired elimination by the skin, imperfect ventilation of the Eustachian tube, infectious diseases, pathogenic organisms of diminished virulence, adenoids and nasal diseases.

The symptoms of acute catarrhal otitis media are as follows: The patient complains of some pain in the ear, though not always, and not so severe as in the purulent form and a sense of fullness in the ear. There is more or less impairment of the hearing, depending somewhat on the condition of the weather, and sometimes on the position of the patient. On moving the head there is, sometimes, a sensation as if there were a rolling body in the ear. Tinnitis is sometimes present, and often a blowing sound with each pulsation. If the tympanic cavity is partly filled with exudate, the upper limit may be distinctly seen through the membrani as a clear-cut, slender, black line. After inflation of the drum cavity, air bubbles in the exudate, behind the membrane, present the appearance of round pearls. The color of the drum head is yellow below the line of exudate and gray above. In the early stage of the inflammation the membrani are more or less red and congested, and sometimes appear considerably swollen.

The short process is more prominent than usual, and the manubrium is fore shortened. The cone of light is shorter or may be divided. During inflation, crepitant rales may be heard by the patient. After inflation the drum head usually regains its normal position and color.

If the hearing is markedly improved upon inflation the prognosis is favorable. If it is not improved and there is shortening of the time of

bone conduction, with obstinate occlusion of the Eustachian tube, the prognosis is unfavorable.

Recovery occurs in from a few days to several months. If continued long it may assume the chronic form of otitis media. Acute catarrhal otitis media, instead of undergoing resolution, may pass into the acute purulent form by the passage of pathogenic germs from the nasopharynx.

Bacteriologists recently assert that more than a dozen different kind of pathogenic germs may excite acute purulent otitis media, chief among which are the pneumococcus of Fraenkel, the streptococci and the staphylococci. The others only occur occasionally.

Generally, the local and constitutional causes of acute purulent otitis media, aside from the pathogenic germs, are la grippe, diphtheria of the respiratory tract, the exanthemata, tuberculosis, acute Bright's disease, and traumatism.

In acute otitis media the pain becomes more and more intense, deafness more profound, and the tinnitis louder and more distressing. Usually fever comes on, if not already present from other causes. The drum membrane is red and congested. Its features are lost in the general swelling of its surface.

As the inflammatory process advances, the membrane will be seen to bulge, usually in its posterior half, sometimes in its superior section, and the membrani flaccid. The pain increases, often until it becomes very intense, causing an agony in adults and sometimes convulsions in young children. This pain in infants may be recognized from the pain in colic by the fact that the former is constant while the latter is spasmodic.

If the pain continues severe over six or eight hours in children, and twelve or fifteen hours in adults without spontaneous rupture of the drum membrane, paracentesis should be performed, as the hearing and even life itself, is at stake in many instances, if the drum membrane is not opened in some way. The longer perforation is deferred the less likely it is to occur spontaneously, and unless the pent-up secretions are evacuated by paracentesis, they are inclined to burrow toward the mininges, sinuses and brain cavity.

There are cases where the pus and secretions escape through the Eustachian tube. This is, perhaps, more frequently the case in infants, from the fact that the tube is not so long and is larger in caliber than in adults.

The pent-up matter, by pressure on the fenestra, and thence on the contents of the inner ear, sometimes produces convulsions in young children. It sometimes happens, before suppuration ensues in the tympanic cavity, that the inflammation extends from the drum to the membranes of the brain by way of the petrosquamous suture, through which a fold of the dura mater dips into the tympanic cavity and unites with the mucoperiosteal lining of the latter. This fissure, in some

cases, is said to be wide, and the fold of dura mater, entering the cavity, large in infancy.

In any case of middle ear inflammation threatening the life of the patient, the demand for the prompt recognition of the gravity of the case, together with proper efforts to relieve the sufferer, are absolutely imperative. Too little importance has been attached to middle ear inflammations, even among physicians. At least, hearing is greatly impaired, and often lost, with life endangered, and sometimes sacrificed through this indifference. In regard to earaches and suppurating ears, you often hear such remarks as: "Oh, it's only an earache;" "It's of no consequence;" "No danger to the child's life;" when, indeed, there is an inflammatory process, that will surely result in serious impairment of the hearing, and may result in so grave a consequence as the loss of life. Parents should be promptly informed of the gravity and dangers arising from middle ear inflammations.

In the treatment of otitis media, if seen in its early stages, before the exudate is large or suppuration has occurred, our efforts should be directed to abort the process if possible.

After locating the cause, remove it if it can be done. If due to adenoids, remove them. The general systemic condition should receive attention, as well as regulation of diet and hygienic surroundings. When due to catarrh of the naso-pharynx, it should be properly cleansed, and kept in as aseptic condition as possible. This cleansing of the nose and naso-pharynx is especially necessary if the ear trouble is due to influenza or the exanthemata.

Watery sprays and especially douches, should be used with gentleness and care in acute catarrhal otitis media. In the early stages, inflation of the tympanic cavity should be avoided, lest pathogenic germs be forced into the cavity, and a purulent otitis result. The temporary closure of the Eustachian tube in these cases is nature's method of preventing the passage of pathogenic germs into the drum cavity.

Where the exudate remains and the closure of the Eustachian tube persists, it is proper to inflate, using a medicated vapor from a nebulizer, after thoroughly cleansing the naso-pharynx and nasal passages. For the pain at the beginning of an acute otitis media, a few drops of carbo-glycerole, a ten per cent. solution, as warm as can be borne, will arrest it and assist in aborting the attack in many cases. Dry hot vapor applied to the drum membrane through the external auditory canal, or douching ear with hot water by means of the fountain syringe, while the drum head is still intact, often relieves the pain and helps to bring about resolution. The practice of removing the exudate or pus by passing the Eustachian catheter through the nose and producing suction at the mouth of the tube, acts well in relieving pain and helping to bring the inflammation to an end. This is a very difficult procedure in infants and young children.

If the pain continues severe more than eight or ten hours in children and fifteen or twenty in adults with bulging of the drum head, it should be promptly incised. Perfect cleansing of the external auditory canal should be secured before incising the drum. The discharge may not contain pus thus early and the effort should be to prevent infection from pathogenic germs. Under these conditions inflation should be strictly avoided.

After the drum head has been incised or ruptured spontaneously, to secure and maintain asepsis and thorough drainage is the great desideratum, and should be the rationale of all subsequent treatment. Mopping out the discharge from the external auditory canal with dry sterile cotton will be sufficient to cleanse in the majority of cases. Peroxide of hydrogen should not be used in cleansing the ear in acute inflammations of the drum cavity, if there is a perforated drum head. I find a very excellent cleansing and disinfecting application in Enzymol prepared by Fairchild Brothers and Foster. Diluted with water, it can be applied on a cotton mop. It seems to liquify and digest the pus cells and dried secretions without effervescence, as seen in peroxide of hydrogen; hence, by its action it does not force germs in to the atic or mastoid cells.

After cleansing the canal, it should be gently dried with sterile cotton on applicator. I have found good results from the use of a powder composed of boracic acid four parts and aristol one part, used by insufflation, applying just sufficient powder to form an even light coating over the exposed inflamed tissues. After cleansing the external auditory canal, strips of sterilized gauze should be inserted in it down to the drum membrane, so that all discharge may be drawn out as fast as formed. These strips should not be packed too tightly, and may remain twenty-four hours, unless the discharge is very profuse. Over this a light dressing of gauze may be placed, and if it becomes damp or wet from the discharge, it may be changed as often as necessary.

Almost all cases will require systemic treatment. In the early stages of an otitis, the bowels should be unloaded by a quick saline cathartic, or a few doses of calomel followed with salts. These measures will aid resolution or help to abort the process if not too far advanced. Farther on a tonic will assist resolution or the healing process. Syrup of the iodide of iron for children combined with the phosphites, may be used with good results in the majority of cases.

Under this simple treatment, I have yet to see the first case of mastoid inflammation resulting from acute otitis media. In the process of an acute attack of otitis media, should the mastoid cells become involved, the mastoid process become swollen and tender, if the drum membrane has not already been ruptured or incised, a free incision through it should be made at once.

Patient should be kept in bed, and ice compresses placed over the mastoid process and around the ear. Calomel in small doses often re-

peated may be given, and every effort should be made to prevent further infection. It is sometimes difficult to determine whether the mastoid cells are involved or not.

There are three diagnostic signs that point to mastoid involvement when found present at the same time. These are fever, pain, usually over the mastoid process, and prolapse of the upper posterior wall of the auditory canal near the membrani tympani. Tenderness is usually present, but not always, and at the early stages of the attack is found high up in the front part of the mastoid region close behind the auricle, and over the region of the antrum. Later on there will be tenderness on pressure over the point of the mastoid process.

When the fact is ascertained that there is a mastoid empyema, the case should at once be treated surgically, and the antrum opened. Even at this time the mastoid skin may not show signs of swelling, and there may not be present tenderness over the region of the process; yet the continued pain, the prolapse of the upper posterior wall of the canal, and the presence of fever are indications of mastoid empyema, and delay in opening the antrum must not continue, with empyema of the mastoid so near the cranial cavity. It is true that sometimes spontaneous rupture of the outer bony wall of the mastoid occurs, but owing to the probability that the escape of pus is almost as likely to take place through the inner as the outer wall, the delay in evacuating the antrum is dangerous to the life of the patient.

I do not purpose giving a description and the technique of this operation at this time, but emphasize the fact that the operation should not be undertaken without a thorough knowledge of the anatomy and relation of the parts, especially of the sinuses and cranial cavity. Besides having a thorough knowledge of the anatomy and the relations of the parts and familiarity with the technique of the operation, the surgeon should have at least some skill in knowing how to perform this delicate and often dangerous operation.

In conclusion, almost all cases of acute otitis media, if recognized in time and proper treatment given, will recover without impairment of hearing. On the other hand, a large per cent., if not all loss or impairment of hearing, following acute otitis media, has resulted from neglect or improper treatment.

Mastoiditis will rarely, if ever, occur as a result of an acute otitis media, if the aural inflammation be recognized and proper treatment applied.

The laity should be taught that there is as much danger in a neglected or improperly treated middle ear inflammation as in an inflamed appendix.

PNEUMONIA, ITS CAUSES AND TREATMENT.*

By JOHN S. NEWLON, M. D., Butler, Mo.

In writing upon the important subject of pneumonia, from the standpoint of its familiarity, I can only say what all have said. But be this as it may, when passing over the bare and smoothly beaten pathways of medicine, we should congratulate ourselves upon the wonderful advancement of medical science, which enables us to discuss this disease with intelligence and with a thorough knowledge as to its clinical and various manifestations.

Our modern knowledge of pneumonia dates from the end of the seventeenth and the beginning of the eighteenth centuries. From that time many scientific investigations have been made by the ablest pathologists, microscopists and clinicians, whose masterly descriptions of the physical signs and morbid anatomy have apparently left very little to add or modify. Yet, we, as the twentieth century physicians, standing upon the threshold of a new century, must ever be on the alert for new ideas, new theories, and new investigations, which is our duty, and which aids materially in advancing the lofty standard of the medical profession.

The subject of pneumonia is indeed too broad for me to relate here its interesting history, in all its phases and clinical manifestations, hence, I will epitomize my remarks and plunge into its causes and treatment.

It may be well, however, to mention briefly its infectious nature, and the classification of its various stages. Lobar pneumonia, croupous or fribinous pneumonia or pneumonitis, commonly known to the laity as lung fever, is an infectious disease characterized by inflammation of the lungs, toxemia of varing intensity, and a fever that usually terminates by crisis.

The classification of its stages are four in number, namely: 1st, stage of congestion; 2d, stage of red hepatization; 3d, stage of gray hepatization; 4th, stage of resolution. All these stages, in their peculiar behavior, may terminate in the stage of resolution from the third to the eleventh day, or possibly longer, always terminating, however, on the odd numeral day.

As I have already stated, pneumonia is an infectious disease, hence, its true etiology originates from the germ family, as do all other infectious diseases. But there are many other factors to be considered in connection with its true etiology. The predisposing causes which are so manifold and so multitudinous, glide hand in hand with the existing and active specific microörganisms, the principal ones of which I will enumerate.

*Read before the Bates County Medical Society, Butler, Mo., October 29, 1908.

Pneumonia is no respector of age or person. It has been met with in the new born. Up to the sixth year the predispotion is very marked; it diminishes to the fifteenth year, then increases for each subsequent decade. The statistics show, however, the death rate much greater in the aged than in the young adult, and males are more frequently affected than females.

In the United States the negro seems to be more susceptible to the disease than the white, and the mortality is much greater, which is due, to my mind, to their non-hygienic environments and their natural habits of delinquency in comforting their homes, and protecting themselves from exposure during the winter and spring months, which is the most fruitful predisposing factor in the etiology of this disease.

In the cities the disease is much more common than in the rural districts. Individuals who are much exposed to hardships and the cold, changeable weather, are particularly liable to the onset of this infection. Newcomers and immigrants, however, are stated to be less susceptible than native inhabitants.

Its mode of onset is noted for its extreme peculiarity in attacking the most healthy individual. When at last a man has reached the meridian of life, and is on the very verge of realizing the rewards of his past labors, when health was never more vigorous, nor form more robust, nor prospects of a long life more promising, he may become the victim of this terrible disease, and sometimes be overtaken by its fatal results.

The personal condition, such as debilitating causes of all sorts, renders individuals more susceptible. Alcoholism is perhaps the most potent predisposing factor. During my college training, post-mortem demonstrations were a very interesting study in connection with the regular curriculum, and many times we were called upon to hold autopsies, a number of which presented to us a history of acute or chronic alcoholism, the cause of death remaining unknown. In exploring carefully the abdominal viscera, no pathological condition could be detected with the exception of a slightly sclerotic liver or occasionally an acute nephritis. The stomach in nearly all cases would be empty and its lining somewhat corrugated and congested, and one or two cases presenting an arterio-sclerosis of the gastric artery, all of which indicated the condition of a typical alcoholic. Now, in exploring the contents of the chest cavity, we found our suspicions verified, for in making a cross section of the lung, pneumonia in the second stage was revealed, and an ante-mortum clot found, extending from the right ventrical high up into the pulmonary artery. All of these cases I refer to, died suddenly and were usually found dead in their rooms at the waking hour in the morning, murder or suicide being suspected. Peculiar as it may seem that such fatal and rapid results may follow an infectious disease, nevertheless, from my own experience and observation, I am willing to classify alcoholism, in connection with exposure to cold, as the most fatal and most fruitful predisposing element in the etiology of this disease.

Traumatism or contusion, particularly of the chest wall, without necessarily any lesion of the lung, may result in acute lobar pneumonia. And workers in certain phosphate factories where they breathe a dusty atmosphere, are very prone to the infection.

Climate seems to have no influence on this disease as it prevails equally in hot and cold countries. Much more important is the influence of the seasons. The statistics show the largest percentage of cases during the months of February and March when the weather is cold and changeable, which is regarded simply as a factor in lowering the resistance of the bronchial and pulmonary tissues to the bacterial invasion.

We also meet pneumonia following some other disease which has confined the individual to his bed for some time, exhausting his strength and lowering his vitality, which in such cases may be due to various forms of infection. This forms a distinct disease, however, from acute lobar pneumonia and presents a different condition as to its pathology and treatment.

One or more attacks leave not the slightest degree of immunity. Perhaps no other disease recurs so frequently in the same individual. Instances are on record where individuals have had ten or more attacks.

From the bacteriological viewpoint of this disease we are indebted to discoveries of Sternberg, Pasteur, Fraenkle and others, whose scientific procedures and investigations demonstrated and isolated the micrococcus lanceolatus, or diplococcus pneumoniae of Fraenkle, to be the specific microörganism in the etiology of genuine acute lobar pneumonia.

The organism is a somewhat elliptical, lance-shaped coccus usually occurring in pairs, hence the term diplococcus. It is readily demonstrated in cover glass preparations, with the usual dyes, and by Gram's method.

I need not mention the various organisms that are found in connection with the pneumococcus as it goes without saying that there are many, but the principal one is the streptococcus pyogenes aureus, and the kinship of these two germs is very close; they can, however, be easily differentiated by the rules and methods of bacteriology.

Under other conditions it is a very important point to remember that the pneumococcus occurs in the mouth and bronchial secretions of healthy individuals, about 20 per cent., according to Netter's observations. It also occurs in the non-virulent state and may be regarded as a regular inhabitant of the mouth and pharynx.

It is an interesting fact that the most fertile field for the pneumococcus is in the mucus secretion of the lungs from the bronchial tubes to the ultimate alveoli, and at this time if the opsonic index is below normal, which renders nature impotent from overcoming the toxic products of the germ, the consequent result is pneumonia in its true form.

The pneumococcus possesses other characteristic phenomena by thriving in structures of the body other than the lungs, when a

way is open for its invasion, thereby producing all the symptoms of inflammation, often described as distinct diseases, yet due to the same specific cause.

Clinically, the infectious nature of pneumonia was recognized long before our knowledge of the pneumococcus. Among the features which favored our attitude in this belief was its similarity to other infections in its mode of onset, and its habit of occurring in epidemic form, localized in certain houses, in barracks, jails and schools. Also the clinical course of the disease is that of an acute infection running a definite cycle in a way seen only in infectious disorders.

The constitutional symptoms may bear no proportion whatever to the severity of the local lesion. As is well known, a patient may have a very small apex pneumonia, which does not seriously impair the breathing capacity, but which may be accompanied with the most intense and extreme toxic symptoms.

Now, leaving the etiology of this disease and the predisposing causes which I have described, with the specific microörganism, we will discuss the treatment, which is the most important element for the consideration of the skilful physician when dealing with this infection.

There is no specific treatment for pneumonia. Perhaps there is no other disease more varied in this respect.

So rapid and insidious is its mode of onset, that the physician is not called until after the first or second chill, and the lungs are in an extreme degree of congestion. Here he must be a constant watcher and a therapeutist only when treatment is actually needed.

In the general management of a case we must use the same careful hygienic precautions as followed in the most malignant infectious disease. The first thing to do is to see that the patient is put quietly to bed. The bed preferably is a high single bed, fitted with springs and an ordinary mattress. All bedding must be cleaned and changed daily. A southeast or a southwest room must be used if possible, which allows the patient all the liberty of the glorious, and harmonious beams of sunshine, which is always essential and demanded by nature when she is unfortunately stricken and calling for help.

The room must be well ventilated day and night; this is essential to enable the patient to inhale all the pure oxygen possible at every inspiration, as in some cases the breathing capacity is so limited that it makes it almost impossible at times for the patient to receive enough oxygen. Only one or two persons must be allowed in the room at the same time.

The diet should consist of plain water or lemonade given freely. When the patient is delirious the water should be given at fixed intervals. The food should be chiefly liquid, consisting of milk with some of the cereals and eggs, soft boiled or raw. A cup of weak tea may be given with a toasted cracker or a slice of bread. To my mind it is well to add broth to the diet, such as beef or chicken broth, or broths of wild

game which contain fat and proteids, which aid materially in maintaining the strength and vitality of the patient. It is well, however, to flavor the broths with other things than the meats from which they are cooked or made, such as carrots, celery, turnip, parsnip, etc., whichever may best suit the patient's desire.

A synopsis of the treatment of pneumonia usually is: to combat the fever if it becomes excessive; to support the heart if it becomes feeble or engorged; maintain renal activity, and regulate the peristalsis of the bowels. In the treatment of the fever we should remember that it is not regarded as a dangerous symptom unless it rises above 103° F. and remains at this point for some time, for in a febrile disease running a short course, fever is not only helpful but there is reason to believe that when present in a moderate degree it is actually beneficial. If the fever does rise above 103° F., however, it should be reduced by sponging with cold or tepid water, active friction being used at the same time. There is absolutely no danger of the patient "taking cold," although this is generally doubted by the laity. If the heart's action is somewhat boisterous and agitated, with a fear of pericarditis, it is well to apply an ice bag to the cardiac area.

The most essential element is supporting the heart and circulation. For the laboring heart, with almost empty arteries, no drug compares with digitalis, but before it is employed we must be sure that it is actually needed. A feeble apex beat, a feeble second sound at the right second costal cartilage, and an accentuated second pulmonic sound at the second left costal cartilage, will reveal the fact that actual stimulation is needed.

As long as the second pulmonic sound can be heard we know that the heart is performing its function, the accentuation indicating pulmonary congestion and a tendency to a failure of the right side of the heart from its extreme efforts in trying to pump the blood through the congested lung. If the skin is moist and the vascular system relaxed, belladonna should be combined with the digitalis in doses according to the severity of the case; strychnine may be used in some cases at regular intervals. In the earliest stages of the disease, if the patient be seized with a chill followed by fever and a bounding, angry pulse with marked nervous excitement, it is well to resort to venesection, bleeding to the extent of a pint, if it be a healthy, robust individual; or, instead of this, we can employ veratrum veride, or aconite, to relax the systemic blood vessels, and, as it were, "bleed him into his own vessels," thus making it easier for the blood to pass into the arterial system than into the congested lung. A hot foot-bath at this time will also tend to relieve thoracic congestion; whiskey is a good stimulant to the heart, or gin may be given for the same effect, and at the same time aid in maintaining renal activity.

If violent pain in the chest is present it is best relieved by small doses of morphine, or hot poultices may be applied if it be a child, but the ice is better if it be an adult. A cotton or flannel jacket should be made to

fit the chest closely, both anteriorly and posteriorly, and made to open and close either in front or on the side by means of laces so it can be easily removed for the physician to make his examinations without disturbing the patient. In combating the toxins we must remember that nature's three greatest avenues of elimination are the skin, kidneys and bowels; therefore, it is an essential requirement for these important functions to be actively and constantly stimulated.

At the present time we have no specific product from the bacteriological laboratory which will safely and surely neutralize the toxins of this disease; thus, we must be content with the measures we now possess to promote the elimination of the poisons, by the tepid or cold bath, to stimulate the skin and vasomotor centers, an abundance of water to promote the flow of urine, and the saline laxatives for the bowels.

CAPITAL PUNISHMENT A TRAIT OF BARBARISM.*

By T. F. Lockwood, M. D., of Butler, Mo.

This title may seem foreign or non-medical, but after having heard the subject, I believe you will agree with me that it is a matter of much concern to the medical profession.

Over a half century ago philanthropists sought to revolutionize the national tenor pertaining to capital punishment, but found so much opposition to their efforts at this sort of reformation that all projects were practically abandoned. There were a few, however, prompted by a sense of Christian duty, who occasionally proclaimed their opinions, regardless of public sentiment, regarding the death penalty for crimes committed, but their claims were not sufficiently founded at that age of criminal epoch to form an injunction against state and national action in the matter. But the time is over-matured when this trait of paganism should be forever abolished and the pure principles of Christian government be asserted. The Scripture says: "But I say unto you, love your enemies, bless them that curse you, do good to them that hate you, and pray for them that despitefully use you and persecute you." And again: "Therefore, all things whatsoever you would that men should do to you, do ye even so to them; for this is the law and the prophet." These precepts coming from the great Ruler of the Universe, are strictly incompatible with the act of putting to death a helpless prisoner in the hands of the law, who should be, to all right-minded, sympathetic men, an object of compassion, not of any vindictive feeling.

This gigantic question remains to be decided; whether it shall be placed wholly in the hands of Christian advocators for settlement, or should it not be settled by the medical fraternity, not waiting for it to become a political issue to be dealt with by the professional politicians of our country. Realizing that the medical profession is composed of some of the most brilliant intellects the world has ever produced,—ever on the alert to aid humanity in the most dire calamity, always striving to uplift the State and nation to a higher plain of moral aptitude—I am proud of the privilege to present the sentiments embodied in my humble essay before this assembly of human benefactors.

Physicians are in a great measure life-preservers and life prolongers, confined to no set rule for doing either; therefore, I deem it harmonious and in strict keeping with everything pertaining to a paradoxical profession, and do not believe we are over-reaching the bounds

*Read at a joint session of the John T. Hodgen and Vernon County Medical Associations, Nevada, January 7, 1909.

of medical science, when we indulge in such timely digressions. We are free-writing and free-speaking American citizens, not barred from offering our protest against this heathenish method of dealing with criminals in our State,—as well as many other matters of much importance which concern the interest and well-being of our fellowman.

In the world's history of the past, different governments of the various countries have tried the influence of every form of corporeal punishment that a resourceful people could devise and execute. Imprisonment, tread-mills, whipping posts, branding, exiling, electrocuting, hanging and beheading, all have been tried and under each of them, the sum total of crime in proportion to the number of population included in the estimate the number of executions on the gallows, is indeed appalling. I sincerely believe such legal procedures contrary to the laws of God and, hence, a moral menace to the betterment of our State and nation; therefore, I appeal to you as right-thinking men to answer for me this important question: Who is it that is punished most severely? Is it the person condemned, bound and led to the gallows, like a lamb to the slaughter? or is it the loving wife, dear old mother, father, sister or brother? or the affectionate children of such an unfortunate victim? The death penalty inflicted is but a short punishment to the condemned, lasting only from the time sentence is passed on him till the execution takes place, when all pain and punishment in this life is ended. But think, if you will, of a kind, innocent, broken-hearted mother, who loves her son as only a fond mother can love, having to bow submissively to a statutory law established by our own enlightened people that takes from her, her own flesh and blood, her own dear boy, dearer to her than all the earth, no matter how miscreant or incorrigible he is or may have been, and hang him by the neck that her loving arms have so many times entwined, till he is thrice counted dead by a legalized physician.

It pains my very soul to contemplate the awfulness of the sentence which I am about to recite. Picture in your merciful minds a little innocent child, incapable with its childish mind to understand the meaning of the law which to it is but a sort of revengefulness for some trifling offense committed, merely a cruel deed of very bad men, when told that papa is to be taken out on a certain day by men whom he has never harmed, and killed. No human power on earth, and I question if the power of God in heaven, can console a child thus rendered fatherless by the enforcement of a said-to-be just law of a civilized land. If we were to throw aside the black-cap from the head of a hanging man and permitted to witness the sickening, spasmodic contortions of the blackened face as he struggles in giving up his life, we would not be so willing to become a party to the killing, by standing beneath the scaffold to count the flickering pulse of him who yielded his life, not to restore the one he may have taken; not to atone for crimes he may have committed; not as a self-sacrifice that the world may become better or that his grieved and bereaved family might be freed of the stigma he

may have placed upon it; but he was murdered at the hands of an ignominious law enacted and executed by those that know not what they do, and too, in a land where Christian religion is extensively taught and practiced. One human being should never destroy the life of another except as a positive necessity. If an individual, for example, is assailed by an enemy with an intent to commit murder, and he is unable to prevent the consummation of the deed, except by destroying the purposed destroyer, he is fully justified in killing the offender under such grave circumstances. But, after a murderer or proposed murderer has been arrested and disarmed, then to take his life, would be committing murder because the act would be shedding blood, premeditatingly, of a human being who is then harmless, whose existence, therefore, is no longer a public nuisance or source of danger to any one whether public or private. This degree of murder would not be so aggravated as the one committed unprovoked, however, but it would be an actual departure from the principles of moral rectitude and as gross an infringement of a moral law as the former. If it is necessary to take the life of a felon in order to subdue him, I believe it justifiable and not homicidal. It is far better to sacrifice the life of a felon or madman who is now a public nuisance than to allow him to take the life of a valuable, law-abiding citizen, for one or the other's life is at stake and the hazard, therefore, is the outcome of his own evil propensities, and the loss ought, in justice, fall on the guilty and not the innocent.

You who have witnessed the hanging of a human being, when the death-cap was drawn over the pitiable face to shut out the light of day forever and to hide from view the facial expressions of a painful death, and while the attendants on the scaffold were bidding farewell to the doomed one, did you not experience a sick sensation deep down in your heart, despite the legal authority prompting the act, that all was not right, that a sorrowful mistake was possibly being made in taking human life, which is contrary to all principles and precepts taught in the book of righteousness? I am persuaded to believe that the death-like stillness and the faint feeling at heart that pervades one's soul on an occasion like this, is but a sensation emblematic and in miniature, of course, of that awful gloom experienced on the eventful day of Christ's crucifixion. After witnessing an execution, have you not taken notice of that unsatisfied feeling lingering about your conscience, a feeling that a life has been forcibly taken, giving nothing in return, not even consolation to the bereaved of the victim of the crime for which the execution was performed? Killing a murderer does not restore the life or lives destroyed by him; it does not prevent crime, for there is just as much murdering done in a state that enforces capital punishment as in the one that commutes all death sentences to life imprisonment. The hard-hearted professional criminal becomes fearless of death, so debauched and so diseased is his brain that death, many times, is welcomed by him; so to kill him is no punishment at all as the thought of death to him is but a

soothing solace to his disturbed and perverted mind, possibly favoring him greatly by putting him out of the way, for had he an opportunity he probably would have ended his own life. Seeing, then, that the punishment inflicted upon the condemned is minimized, and that the great burden of the execution falls on the helpless and innocent where it rests with such weight, morally and socially, as to keep them painfully oppressed throughout their earthly existence, we should, for the sake of mother, father, wife and children, abandon such a cruel procedure as renders them miserable for something over which they have no control.

Let me read to you a clipping from the Kansas City *Star,* published not very long since, of a cruel punishment still in vogue in a foreign country and see if it does not sound extremely barbarous; but our own method of capital punishment falls but little short of this:

"Freiberg, Saxony, July 22, 1908. Grete Beier, the 18-year-old daughter of the mayor of Freiberg, was beheaded last night in punishment for the murder of the man to whom she was engaged to be married.

"The executioner of this young woman reached the city last night. He carried a thin, long box containing the ax with which he did his work and also brought with him a hand-bag with a suit of evening clothes. The wearing of this garb is an official requirement of the somber occasion. The preparations for the execution of the death sentence at the prison had been completed and the man did his work quickly and privately and departed from Freiberg as quietly as he came.

"The executioner is an anonymous person sent here from Dresden on the announcement that the king of Saxony had refused to pardon Grete Beier for her crime."

Notice if you will, the pomp and power displayed by this bloodthirsty headsman in taking the life of this helpless girl, a mere youth in age, as it were. Money bought what human sympathy this man possessed and his cruel, animal propensities predominated in the execution of this young girl. A physician who lends or hires himself to the hangman in this country to ascertain when life is extinct of his executed victim, becomes a partisan to the crime, if it be a crime, and is no less a fiend than the headsman with his bloody ax. Therefore, gentlemen of the medical profession, let us draw the line at holding the pulse of a dying man at public and private executions. If we, as a profession, would absolutely refuse to officiate at a legal hanging, we could not, of course, prevent it, but we could at least, cause the State to make some comment on the stand taken by us, which would arouse public sentiment for or against capital punishment and I sincerely believe it would aid much in abolishing the death penalty.

Viewing capital punishment from the standpoint I have taken is not the only opposing feature in the matter, but there are other plausible

and legitimate reasons for disapproving this method of punishment. There are many cases on record where innocent men were convicted and hanged on mere circumstantial evidence, and in an instance like this, I ask, what are we to do? There is no appeal from the courts of cold death. The trial is finished and the case ended in this earthly tribunal. There is nothing more to be done between man and man, and God of the universe must adjust the sad difference, and I fear we can never receive forgiveness for having made this awful mistake. We had better, by far, send all murderers to the penitentiary for life than to kill one innocent man on the gallows. Call to mind, if you please, the sad case of Dr. Theadore Durant, of California, who was hanged on circumstantial evidence for the supposed murder of two young girls, one of whom he was soon to have married, whose bodies were found in a church tower, and after the legal execution of this Christian young man, the janitor of the church confessed to the crime. When you learned of that sad mistake, that awful blunder on the part of justice, could you not hear in your mind and see in your dreams, the earnest, pathetic pleadings of that innocent soul as he stood on the scaffold before his Maker and before men, proclaiming his innocence, and begging pitifully for mercy, but all to no avail? God help the human race to establish some infallible means by which men may know when man is telling the sublime truth. Had the court known that the utterances of this young man were true, there would have been no conviction and hence, no execution. If all men, at all times, were absolutely truthful, there would be no need for temples of justice in every county in the State, but as it is, just men are persecuted, prosecuted and executed, by the prevarications of his unjust fellowman. There are so few truthful men in the world that when one is called on for the truth he is not believed by those who demand of him the truth and nothing but the truth. Lawyers subsist mainly on the outcroppings of untruthfulness among men. Justice is easily administered where it duly belongs when all concerned tell nothing but the whole truth; but there is not a human being, to my knowledge, possessing all the characteristics of a rational man, who, knowing himself guilty of a crime for which an innocent party is being punished, will reveal the truth and take upon himself the punishment that is being inflicted on the innocent one. If all men in the world were imbued with that true principle of manhood which characterized Damon any Pythias, the great historical demonstrators of friendship, we would have but few if any innocent men put to death.

I once knew a man who had been convicted and sentenced to death on circumstantial evidence, but the good Governor commuted his sentence to life imprisonment. After serving ten long years in prison, the true murderer confessed to the crime. The poor man was then liberated and sent home to his family broken-hearted, with ten years of the best part of his life squandered and without a dollar for all these years of hard labor. Pardon me for the digression; but I cannot refrain from

saying a few words in behalf of innocent convicts who might be serving, or may serve, time in the penitentiary on a false conviction. Every one of them, whether life prisoners or otherwise, should be reimbursed for all the sorrow and humiliation that inevitably befalls them while incarcerated, for it was a mistake of the State and not of the individual; hence, a liberal remuneration is justly due them. I also believe that all prisoners justly serving time, who have a family, or an old father or mother in need of help, should have set apart a portion of the proceeds of their labor over and above what is necessary to support themselves, to go toward supporting their family. I do not believe so much in making the penitentiary a State institution for furnishing employment for its idle criminals, but I do believe in making it an adult reformatory for those who are so unfortunate as to be sent there, by teaching them to become wage-earners for their needy families by the sweat of their brow. Many of them could furnish more means in this way than they were accustomed to do when at home, and I am sure it would detract nothing from the purport of the imprisonment.

If it were not for the death penalty being inflicted legally, there would not be so much rabble and rioting in this country. Legalizing the killing of human beings is an incentive to the lawless who have, or imagine they have, a grievance against a certain individual or individuals, to reep revenge. Hanging a man is too suggestive to those inclined to take the penal law into their own hands. If the State did not practice such harsh methods in inflicting punishment, there would not be so many innocent ones to suffer and to die at the cruel hands of a bloodthirsty mob. The memory of the recent rioting at Springfield, Illinois, and at a less recent period at Springfield, Missouri, is still fresh in your minds. If we ever succeed in arresting mob violence, we, as a State and as a nation, must abolish capital punishment and cease to cultivate and inculcate the Cainish principle that endows man's sinful nature. Man has been possessed of murderous instinct since his creation. No being is more cruel than unrestrained man. In olden times, in the period when Christ and his teachings were proximately fresh in the minds of all living human beings were cruelly thrown into the arena to be devoured by ferocious beasts as a punishment for some trifling or imaginary offense committed and as a means of furnishing public amusement for the heartless on-lookers. Man has been taught to kill his fellowman whenever a legitimate provocation prevailed, and we as a people prefer to settle national difficulties by war rather than by words. Our standing armies are bantering batteries, incentives to other nations for murderous retaliation, and until we exercise more wisdom in the power of arbitration, we will continue to school our sons and our soldiers in human warfare. For the sake of mortal man and his posterity, let us forever keep thumbs turned upward when any great battle for national supremacy, or other issues, may be before us.

Man is not a thief, a liar or a murderer from choice alone; there is some mental abnormality responsible for the perpetration of any of these, an absence of will power, the natural check of licentiousness, is usually wanting, hence the animal propensities predominate in whatever direction the individual is weakest. Thieves and thugs are lacking in that cerebral nicety that functionizes a well-balanced mind in every particular. A murderer who kills for a reward or revenge, does his deed at the instigation and dictation of an unsound mind, he is a victim of emotional insanity acting on the quickened impulse of an excited brain which, in its normal state, was crouding the borderline with questionable closeness. There are many minds in their natural regimé, hovering so near the line of demarcation that the least excitement may land them over on the perilous grounds of insanity for a veritable time at least, and after the excitement subsides and all provocations come to a close, they will gradually return to their original state of mind. This mental freak which has been appropriately named "brain storm," may come to an individual possessing all the qualifications that go to make up a rational being except the power presiding over self-government which may be weakened or entirely lacking. An individual thus constituted, is constantly floundering beneath abnormal impulses, which may be to lie, to steal, or, worst of all, to murder. They may, unfortunately, yield to all the base influences of such a mind. Like a ship on the stormy deep without a captain, the craft is either left to the storm's mercy or poorly manned by an inexperienced substitute who battles unsuccessfully with the turmoils of an unknown sea. Mind without a master is as treacherous and as dangerous as a voyage on board a tempest-tossed vessel. When there is no storm the ship floats gallantly over the smooth bosom of the ocean with little need of prowess, but when all is excitement, and the tempest rages with increasing fury, then it is, for the safety of all, that the captain's services are so much demanded. So with mind without a moral mediator, when storms of passion arise clouding the skies of sanity, mottling the already insensitive brain forces that inhibit the promulgation of criminal deeds, the helpless victim unequal to the emergency, pounds about in this sea of insanity, striking out blindly and unhesitatingly killing his offender. After the storm of madness has spent its force the individual resumes his normal status with a dim remembrance that something awful has happened while in this state of dualism. The numerous insanity dodges taken by murderers, has caused the world to wonder if all who take the life of a fellowman are not really insane. I believe the great majority of murders committed are done by those temporarily if not permanently demented. Take the case of Dr. Duestrow, of St. Louis, who was hanged for the killing of his wife and child several years ago. It was satisfactorily proven on investigation, that he was a confirmed paranoiac and was not a subject for the gallows, but a worthy patient for the asylum. There is no law in this country authorizing the killing or destruction of our feeble-minded

or insane subjects. The State has made ample provisions for the care of such subjects and the medical profession should be severely censured for not being able to establish the true mental status of those who call on it for help in the hour of such vital moment to them.

Under the present system of taking expert testimony the whole matter is nothing more than a farce and every time a physician is called on for expert evidence, the profession is belittled and ridiculed by the public in general. The cause of which I am loath to say, is due, mainly, to the expert witness endeavoring, if possible, to favor the side on which he was summonsed. When both the plaintiff and defendant have each its medical experts, there is sure to be a clash in expert opinions and a derision in court. We, as an honorable profession, should ever refuse to go on the stand as experts to be placed at the mercy of an arrogant lawyer who dotes much on getting doctors to wrangle and tangle with one another. I believe there should be appointed by the Governor of each state one or more competent physicians for each county, whose duty it should be to prepare themselves as specialists along the line of expert work and to serve impartially on all cases in court demanding expert testimony, receiving compensation for services rendered from the State instead of individuals, corporations or county. If this method could be adopted, I am sure expert testimony would be more reliable and the profession would be acquitted in a more creditable manner.

In conclusion let me summarize: If there is any one law in the land that should be repealed, it is the present law governing criminal punishment. If we, as an American people, desire to maintain first place in the ranks of higher education and greater civilization, we must shake off the shackles of tyranny that bind us to that cruel creed of paganism in punishing our criminals.

Now with this brief record of personal sentiments regarding the whole criminal affair as stated, I trust you may see the matter as I see it and lend your professional influence in bringing about a civil reformation of capital punishment.

MALPRACTICE, FROM THE DOCTOR'S STANDPOINT.*

By John Ashley, M. D., of Bloomfield, Mo.

Malpractice, for the purposes of this paper, we define as bad practice in medicine and surgery, leaving out of consideration its application to the practice of dentistry, pharmacy or law. By the way, malpractice of *law:* whoever heard of such a thing? Whoever heard of an action for damages against a lawyer for injuries sustained by those whom he has operated on? It is true a judge may be impeached; but it seems a lawyer may so handle a learned witness, or a defendant in a suit for malpractice; or an expert medical witness in other suits, in such a way, as to wound his feelings, injure his reputation, and ridicule his profession, with the coolest impudence, with perfect impunity, and the most complete immunity. But that is another story.

We view this subject from the standpoint of the doctor, rather than that of the lawyer or the layman, because that is the point of interest and self-interest is paramount, and self-preservation is the first law of nature.

Malpractice we define as the bad, unskilful, or negligent, practice of medicine or surgery, and this may be the basis for either criminal or civil action in the courts. *Criminal* malpractice, where drugs are given or operation done, with intent to injure the patient, or where injury is caused through gross ignorance or gross neglect, or where the administration of the drug, or the operation done, is forbidden by law.

Civil malpractice, where the physician is liable to his patient in damages, the result of negligence or ignorance. *Negligent,* where from want of attention the patient fails to receive such treatment as his situation required. *Ignorant,* when medicines are administered, or the disease or injury treated in a way calculated to do harm, and which does do harm, and which would not be done by an ordinarily skilled physician and surgeon of the locality where injury happens.

As *civil* action is the form in which most suits for malpractice are commonly brought, we will in this paper consider only this phase of the subject. The rapidly increasing number of such suits, in the last ten years furnishes the reason and the incentive for the presentation of this topic. The liability to suits of this kind is so constant and the risk to reputation and property involved so great, that it is absolutely necessary for the reputable and honorable physician to know his position, and that some concerted action be taken for the protection of the medical pro-

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fession against the irreparable injury wrought by suits for alleged malpractice. It goes without saying that no doctor should be guilty of malpractice; yet the best of us are liable to face a suit for damages, have our reputation imperiled, and the savings of years jeopardized. The suit itself, even if nothing comes of it, raises a presumption against the physician, mulcts him in the costs of his defense, and thus does him a personal and pecuniary injury. Fully 95 per cent. of these suits for civil malpractice are absolutely baseless, and are either attempts at blackmail, or prompted by personal spite or professional jealousy. It is well, therefore, to know our responsibilities, our liabilities, and our rights, and in both the State Association and the County Societies to have an understanding as to the best ways and means of protecting ourselves against the assaults of unscrupulous lawyers, ungrateful patrons, and malicious competitors. We say unscrupulous lawyers, because the attorney who takes a case against a doctor, usually does so on a contingent fee, and so in order to attain success and a division of the spoils, at all hazards and by all means, does not hesitate to ridicule the profession and to humiliate the individual doctor on the witness stand. We say ungrateful patrons because as a rule, those who bring suits for damages are those for whom extra or gratuitous service has been rendered, and in the rendering of which oftentimes the doctor has been put to very great inconvenience and worry. We say malicious competitors, because in 99 per cent. of cases where suit for damage is brought, there is some doctor behind it, inciting and pushing it along to gratify some personal spite or in revenge for some real or fancied wrong.

The *responsibilities* of the doctor in the premises are briefly these: 1. Physicians and surgeons holding themselves out as such, engage that they possess the reasonable and ordinary qualifications of their profession, and are bound to exercise reasonable and ordinary care, skill and diligence when treating a case. This is nothing more than the application to them, of the same principles of justice which regulate the responsibility of individuals in other avocations.

2. This care, skill and diligence must be such as the *average* physician and surgeon possesses and exercises in that general neighborhood. Anything less would fail adequately to protect the public.

3. Physicians and surgeons are expected to keep up with the times, and employ the best methods in use in their locality. No progressive and conscientious physician will do less.

4. Physicians and surgeons are bound to give the patient the benefit of their best judgment. Competent and honorable practitioners are willing to be judged by these standards of law in the practice of their profession.

The doctor's *liabilities,* are, briefly, as follows:

1. If the physician and surgeon depart from the generally approved methods of practice and the patient is injured thereby, the doctor is liable.

2. If the injury to the reputation or feelings of the patient is sustained through the physician having revealed his privileged communication, he is liable.

3. If pain, suffering or injury be caused to the patient, by the neglect or unskilful treatment of the physician, he is liable.

The *rights* of the doctor may be summarized thus:

1. The skill required in a rural community, away from centers of learning and hospital facilities, would not be as great as that expected from a city practitioner.

2. Physicians and surgeons are not liable for a mere mistake or error of judgment.

3. If patient in any way contributes to his injury, by not obeying the instructions and directions of his physician, the doctor is not liable.

4. If the injury does not arise directly from the physician's treatment, or neglect, he is not liable.

5. The burden of proof is on the patient.

Minor considerations favorable to the doctor are:

1. It is very hard to prove bad treatment of a case, when correct diagnosis is admitted, because authorities differ so widely.

2. Where surgical operations have to be performed, in an emergency, under unfavorable conditions, it is very hard to prove unskilful treatment.

The questions to be determined, to constitute malpractice, are these:

1. Has injury been done? And here it may not be amiss to itemize the most common ways in which harm may be done. (1) By septic infection; (2) by a syphilitic infection in vaccination; (3) by tetanous infection; (4) by overdose of a drug; (5) by the administration or use of a wrong drug; (6) by unskillful manipulation in surgery; (7) by erroneously certifying to lunacy.

2. The second question to be determined is: Did the medical attendant, in his treatment of the case, show a want of knowledge in the principles of his art which are the common property of the profession in his neighborhood, and which have been sufficiently long established to become known to him, had he been ordinarily watchful for improvement in his art?

3. Did the attendant in his treatment of the case, depart from the established rules governing such cases, in any material degree; if so, what good reason had he for so doing?

4. Was the amount of care and attention given equal to that ordinarily required and given in such cases?

Such being the situation in which we are placed in the practice of our profession by the nature of our duties, the provisions of law, and the rulings of the courts, it is important to inquire, how we may best avoid

the risks to which we are exposed, and the annoyance and expense of defending a suit for malpractice. As a contribution to the solution of this problem, we offer the following suggestions:

As regards the *personal* aspect of the case:

1. Let every man, to the extent of his ability and opportunity, equip himself in knowledge and means for the best possible achievement in the practice of his profession.

2. Every doctor should inform himself, as to the legal aspects of his relation to the body politic, his rights and privileges, his responsibilities and liabilities to his patients, and the community at large.

3. Let every man use his knowledge and skill according to his best judgment, in every case, and where matters develop which may render him liable, let him call counsel so as to have corroboration of the facts.

4. If bad results occur, be sure to explain the cause to the patient and friends and impress the fact on their minds that it was unavoidable.

5. Keep on friendly terms with your competitors. The idea that to sustain himself, a doctor must perpetually antagonize some other doctor is a relic of the barbarous past. Let the ethical principle of the Great Physician govern your conduct in this matter, "Do unto others, as you would that others should do unto you."

6. Every doctor should secure protection in some good defense company, so that if he should be caught in the toils he will have ample means and the best legal talent for his defense.

Viewed from the standpoint of medical organization, we believe that the State Association and the County Societies can do something in this matter, both directly and indirectly. Indirectly by (1) the benefit to members, from the papers and discussions at the meetings, thus keeping posted and up-to-date; (2) by promoting a good understanding and feeling of good fellowship among members, thus avoiding antagonism; (3) by an effort, on the part of members to mould public sentiment, and by all honorable means to discourage the bringing of suits for malpractice.

In a direct way we suggest that the Association and affiliated societies can do something along these lines: (1) In connection with other State and County Societies, to seek and obtain the needed revision and amendment of State laws relating to malpractice. Especially in this State, to secure the amendment of the statute fixing the time in which suit for damages may be brought, and making it one year instead of five, as at present. (2) To formulate and adopt by-laws for the guidance of the Association or Society, in case of suit for malpractice against any of its members. (3) To investigate every suit for malpractice brought in any county in the State, and take any steps that may be necessary for the honor and welfare of the profession.

We conclude that malpractice is a thing which the doctor should sedulously guard against, and concerning which he should avoid even the appearance of evil. That a suit for malpractice is an ever present danger, oftentimes a malicious attempt at blackmail, and always a source of humiliation and worry, if not of actual loss in dollars and cents. For these reasons the doctor should be thoroughly informed concerning his responsibilities, his liabilities, and rights. His personal character, and his standing in the profession should be such that, if assailed in this way, he may merit and receive the assistance of his professional brethren. In this, as in other things, eternal vigilance is the price of liberty; and he is the safest doctor who is prepared for emergencies, though they may never arise.

THERAPEUTICS, AND ITS RELATION TO THE PRACTITIONER.

By G. W. Whiteley, M. D., of Albany, Mo.

Therapeutics, pathology, and patho-physiology have all to do with general medicine and, in relation to the doctor, form the basic principle of his success as a practitioner. Purity of drugs and pharmaceutical compounds, with laboratory tests as to physiological action in reference to toxicology and general action, as sedatives, stimulants, astringents, antiseptics, etc., belong to, and are the peculiar business of the chemist and pharmacist. Their relation to the physician is to the giving into his hands those preparations, in a pure state, with a definite known quantity for dosage, so the action with absorption will be definite and the toxicology, if any, may be understood. Thus, the physician may treat his patients with absolute confidence and knowledge of his remedies; here stops the office of the chemist and pharmacist in relation to the doctor, therefore the ground is taken, and rightly so,—therapy belongs absolutely to the physician himself.

While we consider the term patho-physiology ambiguous, yet there is a distinction to be made between a true pathological and physiological condition, one being a depression, or morbific condition, neutral, muscular or pertaining to the mucosa, and therefore the term probably conveys to the mind existing conditions when used in relation to any morbific state.

We are perfectly aware of the existing conditions in the teaching and study of therapeutics, yet there is not a physician who has given it a passing thought, that does not see the deplorable conditions we have fallen into through the neglect of this, the very basic principle of our profession. There is a distinctly different drug action, as well as thermal, mechanical, water and electrical currents, on the human body, in a pathological, a patho-physiological condition, and a physiological one. The physiological tests as made on frogs, dogs, cats and guinea pigs, are insufficient; yet we could not make normal tests on the human body such as are made with those animals in order to perfectly understand their action; but these tests, as to heat and baths, can be, and are, tested daily in different avocations and conditions of life, and we are not taking advantage of the opportunity in their use; for instance, the stoker on our naval vessels would make an ideal test of the physiological effects of heat, as well as muscular massage from exercise; electricians, mechanical engineers, as to vibratory massage, or the direct application of the vibrator to the subject himself. Electrical currents are now having rational tests, by the different electrical and light appliances, and being placed in shape to be used by the physician throughout the world.

The instrument maker's business is to make for the surgeon every appliance necessary for every operation, but not for one moment would he dare dictate to the surgeon when or how to use them; if so, what use have we for the surgeon, except as a helper for the manufacturer of his instruments? But the one great principle of drug action is, and can be, demonstrated only through the treatment of the sick by the physician. The doctor who claims that he has not the time to do this is indolent, indifferent, or incompetent, and is absolutely a fraud. There is no excuse for the man who does not watch his patient for drug action, for there are three conditions existing in every patient, or, until the third is disproven. First, the morbid condition, to be treated; second, the treatment to be given, of drugs, the dose, and the time to be given; third, the idiosyncrasies, if any, to the treatment. So it is imperative for the doctor to watch. We might add a fourth condition, also,—a time to reduce dose or extend time, or to entirely discontinue some of the treatment. This can only be done by closely watching your patients; it does not necessarily compel the physician to spend any unnecessary time of waiting, but only close observation. And this brings us to another issue or condition that the profession has overlooked,—the adaptability of the student as a physician. That "doctors are born, not made," is absolute, not chimerical; it holds good in every avocation of life; the surgeon's intuitions lead him to perfect himself in the mechanical part of his profession, as well as to perfect the touch of his fingers. The eye of the true doctor takes in the facial expression of his patients at a glance,—the eye, its dilated or contracted pupils, the congested conjunctiva, the ailments of the entire face, the hesitancy or quick protrusion of the tongue, its flabby or constricted condition, the coating,—that he may judge the condition of the alimentary tract as to absorption as well as secretions. His fingers fall through intuition to the radial pulse, while the eye has observed the temporal veins and the condition of the carotids, and respiration is closely observed and counted. This, an open book to him, is a blank to a man who perhaps should be behind the counter, following the plow, or some other avocation. This opens to the doctor a way to apply his remedies which he so thoroughly understands by close observation of his patients as to speedily relieve them of their condition. The doctor recognizes immediately the action he wishes from his drugs, and when the second visit is made he waits not for time, but changes *time*, *dose* and *drug* to effect, if none is had. We have made the deplorable mistake of placing in the chair of therapeutics in our schools men who have a *book* knowledge, and not the basic principles taught him by training at the bedside, or coming in contact with disease and its treatment.

Perhaps you say that the professor of practice shall, or should, attend to this, but I think not; disease and its sequelæ belong to them for demonstration, but through this neglect the graduate is turned out on suffering humanity with no knowledge whatever of the true action of drug therapy, and is left to learn for himself through sad experience the secret of their action on diseased tissue, and also is disgusted, perhaps,

and becomes a therapeutic nihilist, or a skeptic. If intuitions are worthy he becomes negligent and non-observing; this is shown and proven by the foolish use of morphine for every pain by many physicians, who do not stop to heed the existing conditions, to observe whether the pupil is contracted, or the facial expression calls for a midiratic and hypnotic, but overwhelms the patient with narcotism at the expense of the heart, trying to force the blood through capillaries already tightly contracted; so in the use of all remedies; they absolutely have their place and conditions exist to apply them for the most good.

This has again been proven by the drug cactus and its derivative, cactin. Dr. Hatcher finds it nearly nil in tests on dogs. Another very foolishly took some one hundred cactina pellets with no perceptible effect on a normal heart. Dr. Geo. F. Butler positively says his tests on a weak and wavering heart proved it to be a good and efficient remedy. To this I can positively bear testimony in a weakened condition of the heart. In hypertrophy, where the heart has encroached on other vicera, and seemingly beats stronger but is really in a weakened condition, being quick and heavy, in combination with digitalin, it smooths down the heart and permits a sweet sleep to the patient, and holds him in a comfortable condition. This I failed to get with either of the drugs singly.

Here are tests made in a physiological condition, refuted by bedside tests by Dr. Butler and myself. Dr. Butler states that he had given a dog ten grains of morphine with no perceptible effect; would anyone here dare give such a dose to a man? Certainly not, yet in certain morbid conditions as much as three grains have been given in two or three hours, stopping the trouble and no bad results following. This only the more proves our ground, that therapeutics is absolutely the business of the practitioner, and is different in pathological or patho-physiological conditions from a physiological one. It is also absurd to make the tests on animals to establish proper dosage for man in a definite sense as to amount given. There is a rule followed by physicians who use concentrations and alkaloids that is perfectly safe and rational. Use minimum doses often repeated till full physical effect, when the time of giving can be lengthened to hold the patient at the proper effect as long as desirable.

Drug effect can be had in a very short time if a pure concentration is used and absorption takes place readily, in fact much earlier than is claimed by most pharmaceutical houses. Glonoin, atropin, and aconatine, in from two to three minutes, if dissolved on the tongue or given dissolved in hot water, show not a full, but a very perceptible effect. I have repeatedly had profound action of atropine in 1-500 gr. doses, given every fifteen minutes, in thirty minutes in cholera infantum, while perhaps the same patient where normal conditions existed, 1-250 grs. would have been found to produce the same effect, as absorption takes place more quickly where the glands are weeping profusely. Here theory will say "impossible;" but practical tests will show this to be true.

It is self-evident that we have been derelict in our duty as general

practitioners by not more closely observing our patients and remedies, just blindly trusting to the pharmaceutical houses for direction, using any old thing recommended by them, and failing nine times out of ten to produce the desired results; throwing aside remedies that were active and productive of great good, pronouncing them "fakes" because of our own ignorance.

Again, the true tonic effect of a drug is not had in the giving of large doses, but in the saturation of the system by small doses, so that the over-stimulation of nerve centers is avoided. We have a condition existing from our remedy to combat, as well as the morbific one produced by disease; while perhaps it is a fact that full maximum doses may be called for at times, as in malaria with quinine in certain stages of that poison to eliminate the germs from the body. We may look for somewhat different views in tests thus made, from the fact that some are more susceptible to treatment than others, and some physicians are more acute in their observations than others; some they cannot, or will not make proper tests,—it would be superfluous for me to say why; humanity and its frailties are too generally understood to elaborate on the subject here,—but the ultimate end will be better drug action, and therapy will have its place where it belongs, more rational treatment will be devised, while the pharmacist will not dare to place on the market anything but pure and efficient drugs and compounds.

It is here that the physician has placed himself in the hands of the pharmaceutical houses, and he has to some extent been made a tool and cat's-paw to rake out their chestnuts; no combination or set of resolutions will effect this; it is for every one to prove himself competent to test his remedy on his patients, and to cast out the chaff. A poor gun in the hands of a good marksman will not do good service, and in the hands of a poor one is dangerous—but a pure drug, and that thoroughly understood by the doctor, is the greatest blessing to mankind that has ever been devised by man.

Says Mr. Bok: "We laymen have a right to expect that what a physician does for us he does of his own knowledge, and not after the knowledge of a printed formula, often written by a man who never graduated from a medical school. We go to him for advice, for his prescription, but not for one originated by a Wampole, a Parke Davis, a Fairchild, a Mulford, a Wyeth, or any other commercial firm." Here the nut is cracked by a layman, and never was there a more potent truth spoken. Our honor demands that we make this knowledge of drug action our own, and that we prescribe for our patients what we know has been proficient in our hands, irrespective of the word or biased opinion of any man who is not practicing medicine or who is too prejudiced to make a pathological test; and when we neglect this, the very basic principle of our profession, we neglect the whole.

I do not wish to be misunderstood,—the chemist and pharmacist are essential to the physician; but I do most emphatically wish to say that final drug action is not to be found in their hands.

PERSONAL EXPERIENCE IN GUNSHOT WOUNDS.*

By John D. Seba, M. D., of Bland, Mo.

There can be no good classification made of gunshot wounds. The anatomical is probably the best, though it, too, is open to some shortcomings. Everyone is a case unto itself. There are very few cases just alike. General principles, learned from the hard road of experience, are now laid down for our guidance and these experiences, as a rule, have been learned by army surgeons.

In considering a gunshot wound, we consider the location of the injury, the missive producing the injury, the force of the ball, and its course. If large blood vessels have been severed, they must be tied to stop bleeding. In case any of the more vital organs have been injured, it behooves us to find out the extent of the injury and whether the injury may be repaired, thus avoiding a fatal termination of the case.

In summing up a gunshot wound, we must take into consideration the missive that produced the wound, whether shot or shell; if a ball, whether of lead or steel. The force of the missive, or velocity of the ball, plays an important factor. A steel bullet with great velocity inflicts less injury than a lead ball shot with less speed. Our modern Krag-Jorgensen guns with their steel bullets have been constructed along humanitarian lines. With them a man may be shot through a limb or through the breast and if no large blood vessel has been cut, causing death from hemorrhage, the man will be well and ready for duty within ten days from the time he received the injury. Such remarkable occurrences are due to our modern guns and methods of warfare. Results of that kind could not be looked for when we were yet using the now obselete musket with its lead ball, short range and low speed. These modern guns also relieve the surgeon of hunting for bullets. This, too, is in its favor, for many times the meddlesome surgeon has finished for the undertaker what a bullet has started, but which nature would have overcome if the surgeon had not hunted for the bullet.

Bullets should be extracted when they are just beneath the skin and are easily accessible, or when they are pressing upon some vital organ, such as the spinal cord, the brain, or the meninges, or wherever their presence would cause a disturbance afterwards. No attempt should be made at their removal when they are located in the fleshy part of the body, arm or leg. In case of gunshot wounds of the bowels, the wound where the ball has entered should be dressed and then an opening made

*Read in the Surgical Section of the Missouri State Medical Association, Springfield, May, 1908.

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in the median line and parallel with the wound. This operation is performed, not with a view of finding the bullet, but with a view of obtaining knowledge of the conditions in the abdomen. If, upon inspection, it is found that the gut has escaped injury, the belly may be closed and the patient allowed to recover. If the bowel has been wounded, the peritoneum should be wiped clean of fecal matter, the torn gut should be repaired, the peritoneal cavity again cleaned by wiping with sterile gauze, and the abdomen closed. Drainage may be established through the original bullet hole. No extra search should be made for the bullet unless found while manipulating the parts or while repairing the same. Too much manipulation of the visceral peritoneum is apt to impair its vitality, and thus further endanger the life of the patient by setting up a fatal peritonitis.

Gunshot wounds of the chest should be carefully examined for the purpose of ascertaining the amount of bleeding the wound has caused. If the bullet has severed an intercostal artery and the flow of blood is to the inside, the pleural cavity will be filled with blood. A rapid increasing dullness in the chest after a gunshot wound is evidence of bleeding into the pleural cavity. If the bleeding is in the lung, the patient will cough up bloody froth.

Gunshot wounds are generally accompanied with considerable excitement or shock. This is best overcome by a hypodermic injection of morphine. Water should be given in large quantities. A little salt added to the water adds to its remedial efficacy which is two-fold—to restore the volume of blood, and to overcome shock. It will do both.

The *don'ts* in gunshot wounds are just as important as the *do's*. Briefly stated they are: Don't probe for a bullet unless there are these three reasons for it,—first, that you are sure you can find it; second, that hunting for it will cause less injury to the tissue than the bullet would cause if it remains; third, that you are positive the bullet, if not extracted, will do positive injury to your patient. One of the greatest dangers in gunshot wounds is the infection of the wound at the time of infliction. By far the most dangerous infection is by the tetanus bacillus. Patent gun-wadding very often contains among other htings some horse hair. The tetanus bicillus has its main habitat near barns and stables and the putting of horse hair in these patent gun-waddings is responsible for so many cases of tetany following gunshot wounds.

The dressing that has given me the best satisfaction is the wet pack, as it keeps the wound clean and affords the best drainage. Especially is this true of wounds near joints, bones or cartilages.

The average country practitioner sees more cases of gunshot wounds than he expected to see when he graduated, and he learns more from sad experience than from books or lectures. I shall only report a few cases at random to show a variety of gunshot wounds.

Case 1. A girl, 13 years old, suffering with typhoid fever, was accidently shot by a neighbor boy. The girl was lying on her side. He

pointed a revolver at her, thinking it was not loaded, and snapped it at her. It fired and shot her through the lower part of the abdomen and right hip. The ball came out a little above the middle of the right gluteal muscle. Owing to the spare diet this patient had received on account of her typhoid fever the intestines must have all gotten out of the way of the bullet for she never suffered any inconvenience and made an uneventful recovery from both the gunshot wound and the typhoid fever.

Case 2. A boy, seventeen years old, went to a dance, carrying a revolver in his pocket. It was discharged accidently in his pocket while dancing, the bullet entering the center of the calf of his right leg. I was fool enough to probe for the bullet. Not finding it, I took the young man to St. Louis to have the bullet located with the x-ray. The bullet was located between the tibia and fibula, about two inches above the ankle joint. The roentgenologist said I should take him home and cut it out. He had marked the exact place where the bullet was located so that I could not miss it. I took him home and probed for the bullet but missed it. I had split the leg for fully four inches, both front and back, run my finger up and down between the tibia and fibula, but the bullet had migrated to other parts of the body. The boy got well in spite of the bullet hunt.

Cases 3 and 4. These are best reported together. The marshal of my home town, in a fit of anger, shot a woman through the heart. When I reached her side ten minutes later she was already dead. Her clothes were powder burnt and the bullet had severed the aorta. There was nothing to do but to hold an inquest, which was done. Meanwhile, a posse captured the culprit, after putting a double barrel load of buckshot into his abdomen. I gave him a hypodermic of morphine, then picked out about forty shot from under the skin of his abdomen. He died the next day. A post-mortem showed that many of the shot had entered the abdominal cavity. He died from a peritonitis. We also noticed that he had peritoneal tuberculosis.

Case 5. Miss C., aged about 25, was accidently shot in the ankle by her brother while he was attempting to clean his gun and thought it was not loaded. It was a load of shot and was fired at short range. Part of the gun wadding was still found in the wound. It required a general anesthetic to dress this wound; lacerations had to be cut away, tendons had to be trimmed and sewed together, the skin had to be loosened up and stretched over the injury to give it at least a partial skin covering. A wet dressing was used for the first few days; afterwards an oily dressing was used. Patient made a slow recovery with a useful limb.

Case 6. Man, 37, was out shooting. He set the muzzle of his gun on his shoe. From some cause or other it fired, completely cutting out the middle toe. The fragments were cut away, the wound cleaned and the edges approximated. Result, a speedy recovery with a slight narrowing of the foot at the toes, which may be regarded as an advantage rather than a disadvantage as the foot was rather broad in the first place.

Case 7. On account of a local option fight in a neighboring town, a man was shot in the bottom of the foot while he was running away from the marshal, trying to avoid arrest. I was sent for the next day for the avowed purpose to take the ball out of the foot. The ball was apparently in the hollow of the arch of his foot. The wound seemed clean and aseptic. Probing had failed to locate the ball. It took all my power of moral persuasion to talk him out of the notion to have any cutting done in the bottom of that foot. His recovery was only a matter of a few days, whereas, if we had operated it might have been several weeks, and he might have had a crippled foot for life. The most brilliant surgery I ever did in my life I did in this case when I persuaded this man to let his foot alone and not entrust the plantar surface of it to a surgeon with a knife hunting for a bullet.

DISCUSSION.

Dr. Walter C. G. Kirchner, St. Louis: In wounds of the head it is best to cleanse and shave the area and to enlarge the opening so that good drainage may be established. Gunshot wounds of the head are nearly always fatal, the patients dying from meningitis. There are, however, some interesting exceptions. A boy, wishing to commit suicide, shot himself in the temporal region on the right side; the bullet passed to the opposite side of the skull and was reflected around towards the back; it was located on the right side by the *x*-ray. He made a good recovery. In gunshot wounds of the chest it is best to immobilize the affected side, either with plaster of Paris or, better still, with adhesive plaster. In gunshot wounds of the abdomen, where the peritoneal cavity has been entered, laparotomy is indicated because we have no assurance that there has been no injury to the intestines or other viscera. Only too often a fatal hemorrhage and a peritonitis have resulted from the expectant treatment. It is unwise, in emergency work of this sort, to give morphin, because the real condition may then be hidden and a fatal peritonitis masked. In gunshot wounds of the extremity the essayist has pointed out the wisdom of not probing; little information is gained by doing so and an infection is easily invited.

Dr. W. B. Deffenbaugh, St. Joseph: I have been Health Officer in St. Joseph for four years, and have had to deal with a great many gunshot wounds. Gunshot wounds penetrating the cranial cavity are always dangerous. A young man recently shot himself in the head through the temporal bone. I saw him a short time afterwards. A large opening was made, the ball was removed and the patient recovered. I have had some experience in abdominal surgery. I saw a young man who was shot with a 22 calibre rifle, resulting in nine perforations of the bowels. There seemed to be no escape of the fecal contents. Dr. Campbell, with my assistance, opened the abdomen and sewed up the nine perforations. He put in a drain and the patient made an uneventful recovery. In cases of that kind we operate quickly and get relief. Another case was that of

a negro who was shot near the posterior iliac spine, the ball passing through the abdominal cavity and lodging in the walls of the abdomen near the umbilicus. There were eight perforations in the small intestines, covering a space of about twelve inches. I resected eight inches of the gut and did an end to end anastomosis. The other opening I brought together with Lembert suture and drained. The patient made a good recovery. These cases were taken to the hospital and operated upon immediately. If you wait until you are absolutely certain that the bowel is injured, infection has begun and it is too late to do your patient any good.

Dr. George Halley, Kansas City: I think the saying that all these wounds should be immediately operated upon and treated and the ball hunted out, is a mistake. I have had two or three of these cases, one of perforation of the stomach and some of perforation of the bowels, by a 22 calibre bullet, and they were not operated upon, yet made a good recovery. I think it is largely the calibre of the bullet that should guide the surgeon with reference to the treatment. I believe the small 22 calibre will make a wound that does not necessarily require operation. One Fourth of July a child shot another child in the stomach. There was nothing much in the stomach at the time. They gave her water to drink and telegraphed me when they were coming home. I saw her as soon as they got home in the evening about five or six o'clock. The child was vomiting blood and the water it was drinking. I immediately stopped the water and directed the administration of the water by the rectum. I did nothing with the wound. I watched it from day to day and the symptoms gradually subsided. Everything went along all right and the child made a good recovery and is living now. Another was a child with a 22 calibre shot in the abdomen. Whether it perforated the intestine I did not know. I did not search for the bullet. The child made a perfect recovery without any interference whatever. It depends entirely upon the calibre of the gun whether the wound requires attention or not. The present guns that the army use, while of small calibre, make a frightful wound.

Dr. Frank Hinchey, St. Louis: The condition of the patient at the time of the injury is of great importance to the prognosis that we might give. If the patient has not had a meal for some time before an injury to the upper portion of the intestinal tract, the prognosis would be better than if a full meal had just been eaten. I think perhaps this has something to do with the good results of surgery on the battle field. Usually these injuries are received after a long march during which they have not eaten. In many instances they have recovered without opening the abdominal cavity. This is due to the absence of infection in the intestinal tract.

Dr. Seba (closing): In the treatment of wounds of the chest where an artery has been wounded, the vast majority of cases will bleed internally; if we will watch these cases closely we can tell whether there is internal hemorrhage or not. If the bleeding is internal, we have the symp-

toms of syncope and nausea, and a rapidly developing pleuritic effusion. If the bleeding is in the lung proper, the patient will cough up blood mixed with air. I remember a case where a young man had been stabbed in the chest with a narrow bladed knife. At the time of the injury he suffered numerous attacks of syncopy and nausea and afterwards suffered from dyspnea. These smothering spells became very severe and when I saw him, nearly a month afterwards, there were present all the signs of an pleuritic effusion. We did a resection of a rib, and found that the effusion was clotted blood derived from a wounded intercostal artery. In this case the condition should have been discovered at the time of injury, and the bleeding artery tied. In cases of gunshot wounds of the abdomen the surgeon can be of more real value than in many other cases, for the cases are many times of a criminal nature, and our prompt action may save the life of two persons instead of one, the person wounded and the person inflicting the wound, hence we have a double responsibility.

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ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

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EDITORIAL

A COMMENDABLE LEGAL OPINION.

In a recent trial in St. Louis for violation of the medical practice act, the Court sustained the law and defined what constitutes the practice of medicine in terms that left no element of doubt in the minds of the jury as to the meaning of the law, with the result that the defendant was convicted for practicing medicine without a license. The defendant was one Larson who, though not a physician and therefore not licensed to practice medicine in Missouri, asseverated through advertisements in the daily press that he could cure certain diseases by means of a method which he called the "telconi" system. Larson's defense was that he treated disease without the use of medicines and therefore could not be said to practice medicine within the meaning of the law.

Judge Wilson Taylor, of the Court of Criminal Correction, in whose court the case was tried, was disqualified, the defendant alleging that Judge Taylor was prejudiced against persons not regularly qualified physicians attempting to practice medicine. Judge Taylor, therefore, appointed Judge George H. Williams of the Circuit Court to sit as provisional judge. Judge Williams instructed the jury as follows:

"The Court instructs the jury that holding one's self out and representing and professing to be able to heal disease, no matter by what process, is practicing medicine within the meaning of the law."

The ruling of Judge Williams is indicative of a sentinment unfavorable to any form of medical practice unless pursued upon the high plane

which the seriousness and dignity of the calling demand. The growth of this sentiment, if encouraged by jurists, will have a far-reaching influence in arousing a general feeling against attempted deception and fraud in the treatment of the sick; for the views of such men cannot fail to have great weight in upholding the medical measures which have been established for the protection of the health of the people. We cannot commend too highly such opinions from men whose attainments have raised them to positions of eminence in the administration of our laws, hence we ought to encourage by every means in our power the general acceptance of a higher and more advanced idea of the responsibility of the State in matters touching the physical welfare of the people. The jurist should be as much concerned with the secure establishment of adequate laws for the protection of the health of the people as is the physician, and should lend that intelligent assistance, which by nature and training he is capable of rendering to an eminent degree, in support of every measure which shall strengthen the "nation's greatest asset." None but the physician knows how much unnecessary suffering is inflicted upon a community by tolerating the practices of unlicensed persons who vauntingly proclaim themselves possessed of unusual powers to cure disease; and how many untimely deaths result therefrom.

It is the physician's duty to preserve the health of the people, and among the many disagreeable things that have fallen to his lot in properly fulfilling this duty is battling with ignorance and superstition, quackery and charlatanism; for the masses are unable to discern the true from the false and are easily deceived. For many years this battle was fought in vain, and little was accomplished until after the organization of the medical profession and the exposure of many medical frauds and fakes by Collier's *Weekly*, the *Ladies' Home Journal* and the *Journal* of the American Medical Association. Again, the public instruction of the people by the medical profession as a means of preventing disease, and, furthermore, the dissemination of that important phase of knowledge that sickness can be avoided, when such instructions emanate from recognized sources, have fostered a growing belief that the regularly qualified physician and not the advertising boaster is the true healer of the sick.

We hope the advanced view entertained by Judge Williams in regard to what constitutes the practice of medicine, will be shared by his confrères and the finding of the jury be confirmed by the higher courts. The medical profession must have the assistance of the intelligent jurists and educated citizens of the State in order to enable it to provide adequate protection for the people against the insidious methods of so-called qualified doctors, whose practices in reality are those of quackery, or the alluring advertisements of ignorant and irresponsible impostors.

THE JEFFERSON CITY MEETING.

The fifty-second annual meeting of the State Medical Association will be held in Jefferson City, May 18, 19 and 20. The scientific program, which is published in another column in this issue, contains about 150 papers, the subjects being so diversified and of such practical nature that they will most assuredly appeal to a very large percentage of the members. The program is a flattering tribute to the earnestness and industry of the members of the committee on scientific work, and furthermore exemplifies the deep and wide-spread interest the members feel in the scientific work of the Association.

The new section on diseases of the eye, ear, nose and throat will hold its first session at this meeting. The wisdom of establishing a separate section for these special branches will, we believe, be fully demonstrated at the meeting. The two Sections, the Medical Section and the Section on Eye, Ear, Nose and Throat Diseases, contain respectively 34 and 28 papers; this will permit of a division of the work in such proportions that probably every paper in these two sections will be read and discussed at each session. We suggest that the Surgical Section might with great advantage be divided into two sections, one devoted to papers upon general surgical topics, and the other section devoted to genito-urinary surgery or gastro-enterological surgery.

All sessions will be held in the capitol building. The first day of the meeting will be devoted to the business affairs of the Association at meetings of the House of Delegates and of the Judicial Council. Under the presidency of Dr. Kieffer we look forward to the expeditious dispatch of all business matters so that the work of the scientific sessions shall not be delayed.

The Surgical Section will meet in the Senate Chamber, the Medical Section in the House of Representatives, and the Eye, Ear, Nose and Throat Section in the committee room on the west side of the hall. The committee of arrangements announces that it is practically certain the legislature will adjourn before the time set for our meeting, but in the event of the two meetings conflicting, suitable halls will be reserved for the meeting of our Association.

An important feature of the meeting will be the address of Dr. J. N. McCormack, chairman of the National Organization Committee of the American Medical Association.

The attendance at the annual meetings has been constantly increasing year by year and this year we predict that a larger number will attend than was present at any previous meeting.

VITAL STATISTICS ASSURED.

The bill providing for the accurate collection of vital and mortuary statistics has passed both branches of the General Assembly and is now ready for the Governor's signature. The bill is in all respects a copy of the model bill drafted by the committee on legislation of the American Medical Association and approved by the Census Department of the United States Government, the Section on Hygiene and Sanitary Science of the American Medical Association, the American Public Health Association, the American Statistical Association and the Committee on Uniform Laws of the American Bar Association, and represents the combined knowledge and experience of all those interested in vital statistics and best qualified to speak with authority on the subject. When signed by the Governor—and we have no doubt at all that his approval will be given to this important measure—this bill will place Missouri in the list of states recognized by the United States Census Department as having an adequate system of registration of deaths.

The status of the other bills in the legislature which have been endorsed by the Association, is as follows: Senate Bill No. 150, empowering the Board of Health to summons and compel the attendance of witnesses and the production of books and papers, has been in the House for several weeks awaiting its third reading. Senate Bill No. 334 has passed the upper house. This bill compels the defendant in a trial for revocation of license to take up by writ of certiorari to the Circuit Court and prohibits him from continuing to practice until the Court has overruled the action of the Board of Health. By the provisions of this act the State Board of Health is relieved of the necessity of retrying its case in the Circuit Court, thereby saving considerable expense to the State. All members are earnestly requested to write their representatives and ask that this measure be passed by the House. The State Board of Health should be relieved of this unnecessary labor and expense, and the case reviewed in the courts from the records of the trial.

In the House of Representatives the bill prohibiting certain classes of medical advertising has been reported favorably by the committee and will pass.

In our next issue we shall endeavor to present a complete report of the final action upon all medical measures in both branches of the legislature.

PAY YOUR DUES.

Some county societies have not yet sent their dues and lists of members. The secretaries of county societies should not hold back the dues of those who have paid until all other members pay their dues, as such delay in remitting might result in a dispute as to the standing of the members who have paid but were not reported to the state secretary. The JOURNAL will not be sent to members who have not been reported and all other benefits of membership are denied delinquent members. County secretaries are, therefore, most earnestly requested to make up their lists at once and forward the dues and names of members to Dr. A. W. McAlester, Jr., Bryant Bldg., Kansas City, Mo. This action is especially important now, for only paid-up members can enjoy the privileges of membership at the annual meeting.

DR. McCORMACK'S VISIT.

Preparations for the visit of Dr. McCormack are progressing most satisfactorily. In all the counties which he will visit the members are looking forward to hearing his address, not only because of the beneficial influence which his words have had, wherever he has appeared, in promoting a better understanding between physicians themselves, but also on account of the good effect upon the general public in its attitude towards physicians and the reform measures which the medical profession is to-day advocating, particularly in regard to the protection of the public health. In the efforts to accomplish these reforms the profession has hitherto proceeded without first explaining to the people the reasons why such changes were demanded, and that the end result had for its object the improvement of the physical condition of the entire community, and presumed too much upon the willingness of the people to accept the dictum simply because it emanated from the medical profession, forgetting that, in their ignorance, the people would wrongly construe the real purport of any suggested change unless the benefits were made plain to them beforehand. This mistake has been corrected with the result that the people have assumed a receptive attitude toward measures advocated by the profession, and have shown an eager desire to assist in establishing better hygienic and sanitary conditions.

The burden of Dr. McCormack's message is to create a better understanding between the physician and the laity, as well as to strengthen unanimity of purpose and action among physicians. His visit in Missouri

cannot fail to stir a deeper interest in medical society work among physicians and promote a feeling of sympathetic coöperation by the people with the medical profession. We publish below a few letters from the committees in some of the towns which Dr. McCormack will visit, which show that the members are making enthusiastic preparations for his reception:

Hannibal, Mo., April 21, 1909.

"We are giving the occasion as prominent and wide-spread advertisement as we can. To this end we are using the columns of our local newspapers and sending out letters of invitation to all physicians living at the following places: Louisiana, Frankfort, Paris, Monroe City, Hunnewell, Lagrange, Canton, Palmyra, Perry, Center and New London. The Quincy (Ill.) physicians will be invited through the secretary of their medical society. To arouse a local lay interest, we are sending out 500 personal card invitations to our representative citizens, asking them to come and bring their friends. The meeting will be held at our new High School Auditorium, and will be presided over by some prominent lay citizen.

"We are expecting to give Dr. McCormack a warm reception and a representative audience.

ROBT. H. GOODIER."

Moberly, Mo., April 20, 1909.

"We are making every arrangement for his meetings, one in the afternoon at the Commercial Club Rooms, and the other in the evening at the Fourth Street M. E. Church. Invitations will be issued to every doctor within our reach, and we have the promise of a good meeting.

"As to the influence the doctor's lecture will have in this section, I can not see but one result possible, and that is great good. It is time the public should understand what is right between physicians themselves; and it is time that they should understand better what courtesies are due the physician, not only from his brother practitioner, but from the public. Certainly nothing but great good can result from these meetings.

C. B. CLAPP."

Sedalia, Mo., April 22, 1909.

"This lecture will be advertised in the local newspapers, invitations extended to the teachers and advanced scholars in our schools, to the members of the different ladies' clubs in this city, to the members of the bar and the ministers; will also request the secretaries of nearby county societies to have as many of their members attend as possible. Arrangements have been made to hold the meetings in the Circuit Court Room.

"I have no way of foretelling the effects of his visit; judging, however, from reports from the different places he has visited, I see no reason why the same benefits noted in other places should not be realized here also.

CHAS. B. TRADER."

Clinton, Missouri, 4-23, 1909.

"Our plans are to secure the coöperation of all the literary clubs of our city, together with the ministers of the various churches and the superintendent and teachers of our public schools. Due notices will be sent to the newspapers, together with sketches of his work elsewhere. I will send personal letters to all the physicians in the county and to a number in adjacent counties. I believe both the profession and laity will derive much benefit from the doctor's visit here. We need just such a man as Dr. McCormack to give us a start. I have not the slightest doubt but that the doctor will be greeted with a large and enthusiastic audience here at his evening lecture to the public.

ROBT. D. HAIRE."

Nevada, Mo., April 20, 1909.

"We are making all arrangements necessary to give Dr. McCormack a hearty welcome on May 22d. Have arranged for a joint meeting of the county societies of Bates, Vernon and Barton, and the Hodgen District Society in this city. Will hold a regular session for discussion of papers, and an address by Dr. McCormack to the physicians from 2 to 4:30 p. m. Will have a special open session at 8 P. M., with musical program, the lecture by Dr. McCormack and two short addresses in discussion of his lecture by the Hons. J. B. Johnson and J. B. Harris. We shall leave nothing undone to secure a large attendance, which we feel confident we will have. I can see no reason for any other influence on the profession and the public but the most salutary. The two open meetings held here have elicited great interest and favorable comment. Dr. McCormack's lecture should, and I believe will, have a very great influence for good.

J. ROBT. BUCHANAN."

Aurora, Mo., April 21, 1909.

"I will start with the doctors of the Lawrence-Stone Medical Society and urgently insist that each and every one be in attendance unless Providentially hindered. I shall also request that each invite all other doctors, regardless of their ethics or eligibility to membership, to attend. I expect to reach the laity by the press and pulpit, both of which, fortunately for this locality, are our friends and willing helpers; these I expect to use not once but often, both before and after the meeting. Notices will be posted in business windows just before the date of lecture and personal invitations given or sent to influential citizens and their families.

"I would sooner undertake to estimate the possibilities of a live acorn planted in fertile soil than the ultimate good to come from Doctor McCormack's day here.

A. H. MADRY."

Dr. McCormack will be in the following places on the dates named and deliver an address in the evening at 8 o'clock. The local committees will arrange for morning or afternoon meetings.

Town.	Railroad.	Leave.	Town.	Arrive.	Date.
St. Joseph	Burlington,	10:00 A. M.,	Maryville,	Noon,	Mon., May 3.
Maryville	Wabash,	11:35 A. M.,	Gallatin,	2:10 P. M.,	Tues., May 4.
Gallatin	Wabash,	2:10 A. M.,	Chillicothe,	2:52 P. M.,	Wed., May 5.
Chillicothe	Burlington,	11:50 A. M.,	Macon,	1:37 P. M.,	Thurs., May 6.
Macon	Wabash,	2:45 P. M.,	Kirksville,	3:57 P. M.,	Thurs., May 6.
Kirksville	Burlingon,	6:20 A. M.,	Hannibal,	10:55 A. M.,	Fri., May 7.
Hannibal	Wabash,	10:50 A. M.,	Moberly,	1:25 P. M.,	Sat., May 8.
Moberly	Wabash,	6:10 A. M.,	Columbia,	8:10 A. M.,	Sun., May 9;
or Moberly	Wabash,	10:05 A. M.,	Columbia,	1:30 P. M.,	Sun., May 9.
		Spend Sunday in Columbia.			
Columbia	M. K. & T.,	3:10 P. M.,	Sedalia,	6:25 P. M.,	Tues., May 11.
Sedalia	Mo. Pacific,	2:55 P. M.,	Lexington,	5:25 P. M.,	Wed., May 12.
Lexington	Mo. Pacific,	7:23 A. M.,	Kansas City,	9:40 A. M.,	Thurs., May 13.
		Spend 13th and 14th in Kansas City.			
Kansas City	C. M. & St. P.,	9:00 A. M.,	Liberty,	9:45 A. M.,	Sat., May 15.
		Spend Sunday in Kansas City.			
Kansas City	Mo. Pacific,	10:10 A. M.,	Warrensburg,	12:15 P. M.,	Mon., May 17.
Warrensburg	Mo. Pacific,	9:27 A. M.,	Jefferson City,	1:00 P. M.,	Tues., May 18.
		Spend 18th, 19th and 20th in Jefferson City.			
N. Jeff. City	M. K. & T.,	5:07 A. M.,	Clinton,	10:52 A. M.,	Fri., May 21.
Clinton	M. K. & T.,	10:52 A. M.,	Nevada,	12:25 P. M.,	Sat., May 22.
		Spend Sunday in Nevada or Joplin.			
Nevada	Mo. Pacific,	5:25 A. M.,	Joplin,	9:00 A. M.,	Sun. or Mon., May 23 or 24.
Joplin	Frisco,	7:20 A. M.,	Aurora,	11:55 A. M.,	Tues., May 25.
Aurora	Frisco,	11:55 A. M.,	Springfield,	12:50 A. M.,	Wed., May 26.
Springfield	Frisco,	12:05 A. M.,	St. Louis,	7:15 A. M.,	Thurs., May 27.
		Spend 27th and 28th in St. Louis.			
St. Louis	Trains every hour for St. Charles.		St. Charles,	Sat., May 29.	
		Spend Sunday in St. Louis.			
St. Louis	Frisco,	8:00 A. M.,	C. Girardeau,	12:45 P. M.,	Mon., May 31.

AN ASSOCIATION BUTTON.

The executive committee of the Association will recommend that an Association button be adopted as the official badge of membership. The subject of adopting such an emblem has been agitated by a number of members who desire to own a permanent button of attractive design, instead of wearing the usual brass pin and cheap ribbon hitherto worn at our annual meetings. In response to this demand the secretary has obtained a very attractive button which will be exhibited at the meeting at Jefferson City for the approval of the members as the official button of the Association.

AN INCIDENT WITH A MORAL.

Some months ago a physician living in a county in which no organized society existed, subscribed for the JOURNAL. With our acknowledgment of the subscription order and receipt of the payment for one year, we urged the doctor to join the Association through the county society nearest his home town, and explained to the best of our ability, seconded by letters from our state secretary, the advantages of becoming a member of the Association. His replies to our letters indicated that he would join the county society, but there was no need to be in a hurry about it; so we made a note to write him later on. A few weeks ago this doctor was notified that a suit had been entered against him for alleged malpractice. The doctor has our sympathy and we regret that we did not succeed in our endeavor to induce him to join the county society for then he would have had the assistance of the State Association in his defense against this suit.

The incident furnishes an apt example of the importance of maintaining membership in the county medical society.

PERSONAL AND NEWS NOTES

NEW PHYSICIAN-IN-CHIEF APPOINTED FOR MOUNT ST. ROSE.—Dr. Louis C. Boisliniere has been appointed physician-in-chief of the Mount St. Rose Sanatorium for Tuberculosis in the place of Dr. Wm. Porter, resigned.

DR. WILLIAM PORTER, of St. Louis, and Dr. E. W. Schauffler, of Kansas City, have been appointed members of the Board of Managers of the State Sanatorium for Tuberculosis at Mount Vernon.

DR. GEORGE WILLIAMS, of Odessa, has been appointed superintendent of the State Hospital at Fulton and the following physicians appointed as his assistants: Drs. D. E. Singleton, of Shelbina; R. S. Magee, of Green City; R. W. Wiseman, of Maywood.

DR. WILLIAM SEAMAN BAINBRIDGE will give the fifth annual lecture on malignant disease, with presentation of patients, in the out-patient hall of the New York Skin and Cancer Hospital, May 19th. The lecture will be free to the medical profession.

A SPECIAL meeting of Pettis County Medical Society was held in Sedalia, on April 16th, to devise ways and means for the establishment of a general hospital.

THE CONVICTION of James Austin Larson in St. Louis for practicing medicine without a license is a splendid victory for the St. Louis Health Department in its effort to prevent unlicensed persons from practicing medicine in St. Louis. Larson advertised in the daily papers that he was able to cure diseases through a system which he called the "telconi" method. The health department immediately began a crusade against him, and after repeated arrests, succeeded in having the case brought to trial and secured a verdict of guilty, the jury assessing a fine of $250.00.

MAJOR CHARLES LYNCH, of the United States Medical Corps, was the guest of the Kansas City Academy of Medicine on April 13th, and delivered a lecture illustrated by numerous stereoscopic views. Major

Lynch was sent by the United States as a medical observer in the Japanese army and was with the army during the war.

THE TEMPORARY injunction restraining the State Board of Health from proceeding with the trial of Drs. Geo. Schmidt and J. A. Hughson, of Kansas City, for revocation of their licenses, was dissolved by the court and the trial proceeded with. The licenses were revoked.

HARRISON WEBER, who was convicted and heavily fined for the illegal sale of cocaine while in the employ of the Meyers Medical Company, of Kansas City, was pardoned by the pardoning board. Weber was the principal witness in the trial of Drs. Geo. Schmidt and J. A. Hughson, furnishing the most of the testimony that resulted in their conviction.

THE ALUMNI Association of the Missouri Medical College will hold its annual meeting and banquet at Jefferson City, Wednesday evening, May 19th, during the meeting of the State Medical Association.

All graduates of the Missouri Medical College, in the State, are urgently requested to attend, and enjoy the social and festive pleasures of the meeting.

All who expect to attend will kindly mail their name and address, with a remittance of $1.50, to Dr. T. A. Coffelt, secretary, Springfield, Mo., not later than May the 8th, in order that arrangements can be made for the banquet.

DR. H. J. BOLDT, of New York, and Dr. C. B. Hardin, of Kansas City, president of the Medical Society of the Missouri Valley, were the guests of honor on Wednesday evening, March 17, at the Robidoux, when the Academy of Medicine gave its first annual dinner. The tables were placed in the private banquet hall, and were beautifully decorated with cut flowers and palms. Covers were laid for thirty-five, Dr. O. B. Campbell presiding. After disposing of a ten-course menu, the guests listened to an interesting paper by Dr. W. T. Elam on "The Present Status of Ureteral Surgery," which was discussed by Dr. Boldt, after which an informal reception was held and Drs. Boldt and Hardin were given an opportunity to meet the fellows of the Academy.

FOR TWO WEEKS, beginning Monday, May 24, and ending Saturday, June 5, special clinics and other exercises will be offered free of charge to alumni of Washington University and to all other physicians who may desire to attend.

Those wishing to attend these clinics are requested to register at the Dean's office, 1806 Locust street, which is within five minutes' walk

of the Union Station. All information, and tickets for the limited clinics, will be furnished there.

The annual banquet of the Alumni Association will be held Wednesday, May 26, in one of the St. Louis hotels. Special efforts will be made to have reunions of the classes of 1899, 1894, 1889, 1879 and 1869, both of the St. Louis Medical College and of the Missouri Medical College. It is hoped that other classes may follow their lead and make this banquet a memorable occasion.

DELEGATES to the American Medical Association this year will have the pleasure of a trip on special train over the picturesque "Big Four and C. & O." route through the resort region of the Virginias, and an opportunity of visiting Hot Springs, the most aristocratic of the old Southern resorts.

The "Missouri Valley and Southwest Special" will be composed of the finest Pullman palace sleeping and dining cars, observation and library car, and will run solid through to Atlantic City without change. The train will leave St. Louis on Saturday, June 5th, at noon, over the Big Four-C. & O. railways via Indianapolis, Cincinnati and Washington.

We will spend Sunday at Hot Springs, Va., a beautiful resort in the Allegheny mountains where our entire party will be the guests at luncheon of Mr. Fred Sterry, manager of the famous "Homestead" hotel. The day will be spent in sight-seeing. Leave Hot Springs 5 p. m., arriving at Atlantic City on Monday morning, June 7th, in ample time to register and attend the House of Delegates and auxiliary meetings before the opening of the American Medical Association on Tuesday.

The Central and Western Passenger Associations have announced a round-trip rate of one and one-half fare: from St. Louis $33.40; from St. Joseph, Kansas City and Omaha, $41.65.

A special car will leave Omaha on the evening of June 4th, at 6:30 o'clock, via the "Wabash." From Kansas City and St. Joseph the service will be via the "Missouri Pacific," leaving St. Joseph at 7:40 o'clock p. m. and Kansas City at 11:00 o'clock, p. m., same evening, arriving at St. Louis early next morning, allowing about four hours in the city.

The Grand Atlantic Hotel has again been chosen headquarters of the Medical Society of the Missouri Valley and Medical Association of the Southwest, Mr. Cope having "made good" in 1907. This excellent house was chosen on account of its proximity to the "Boardwalk," Steel Pier, Postoffice, Exhibit, Registration Bureau and other meeting places of the Association. Rates, $2.50, and up, per day, American plan.

State, County and District societies are cordially invited to join our party. Let us make the attendance at the A. M. A. from the West this year a record-breaker. For itinerary and reservations, address DR. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

Fifty-Second Annual Meeting

MISSOURI STATE MEDICAL ASSOCIATION

Jefferson City, May 18, 19 and 20, 1909

OFFICERS, 1908-9

PRESIDENT.

A. R. KIEFFER, M. D. ..... St. Louis

VICE PRESIDENTS.

D. B. FARNSWORTH, M. D. ..... Springfield
W. J. FRICK, M. D. ..... Kansas City
J. B. NORMAN, M. D. ..... California
C. H. DIXON, M. D. ..... Holliday
M. A. SMITH, M. D. ..... Gallatin

SECRETARY.

A. W. MCALESTER, JR., M. D. ..... Kansas City

TREASURER.

J. FRANKLIN WELCH, M. D. ..... Salisbury

MEDICAL SECTION.

Chairman: E. E. GILMORE, M. D. ..... Adrian
Secretary: W. R. PATTERSON, M. D. ..... Tipton

SURGICAL SECTION.

Chairman: PAUL Y. TUPPER, M. D. ..... St. Louis
Secretary: WILLARD BARTLETT, M. D. ..... St. Louis

EYE, EAR, NOSE AND THROAT SECTION.

Chairman: J. H. THOMPSON, M. D. ..... Kansas City
Secretary: T. MCLEMORE, M. D. ..... St. Louis

ORATORS.

Oration on Medicine: R. H. GOODIER, M. D. ..... Hannibal
Oration on Surgery: F. J. LUTZ, M. D. ..... St. Louis

COMMITTEES

ARRANGEMENT COMMITTEE.

MEMBERS OF COLE COUNTY MEDICAL SOCIETY.

COMMITTEE ON SCIENTIFIC WORK.

PAUL Y. TUPPER, M. D
E. E. GILMORE, M. D.
J. H. THOMPSON, M. D.
WILLARD BARTLETT, M. D.
W. R. PATTERSON, M. D.
T. MCLEMORE, M. D.

PUBLICATION COMMITTEE.

W. B. DORSETT, M. D., Chairman.
M. B. CLOPTON, M. D.
M. C. SHELTON, M. D.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

H. E. PEARSE, M. D., Chairman.
R. M. FUNKHOUSER, M. D.
F. R. NEWBERRY, M. D.

DEFENSE COMMITTEE.

F. J. LUTZ, M. D., Chairman.
W. B. DORSETT, M. D.
JOSEPH GRINDON, M. D.

COMMITTEE ON MEDICAL EDUCATION.

B. M. HYPES, M. D., Chairman.
C. M. JACKSON, M. D.
O. B. CAMPBELL, M. D.

COMMITTEE ON TUBERCULOSIS.

E. W. SCHAUFFLEUR, M. D., Chairman.
GEORGE HOMAN, M. D.
W. E. MCKINLEY, M. D.
J. R. LEMEN, M. D.
J. R. BOYD, M. D.

PROGRAM

GENERAL SESSIONS

House of Representatives

TUESDAY, MAY 18—7:30 P. M.

Address of President.....A. R. Kieffer, M. D., St. Louis
Oration on Medicine.....R. H. Goodier, M. D., Hannibal
Oration on Surgery.....Frank J. Lutz, M. D., St. Louis

House of Representatives

WEDNESDAY, MAY 19TH—8:00 P. M.

Public meeting to hear address of Dr. J. N. McCormack, National Organizer for the American Medical Association.

House of Representatives

THURSDAY, MAY 20TH—9:00 A. M.

Election of President.
Election of Orator on Medicine.
Election of Orator on Surgery.
Selection of place of next meeting.

PROGRAM

FIRST DAY—TUESDAY, MAY 18TH.

House of Delegates called to order at 9:30 a. m.
Judicial Council called to order at call of Chairman.
Roll call.
Reading of minutes of previous meeting.
Reading of President's message and recommendations.
Report of Committee on Arrangements.
Report of Committee on Medical Education.
Report of Committee on Scientific Work.
Report of Committee on Public Policy and Legislation.
Report of Publication Committee.
Report of Special Committees.
Report of Treasurer.
Report of Secretary.
Appointment of Committee on Nominations.
Election of Delegates to American Medical Association. (Two to elect to serve two years.)
Proposed amendments to the Constitution and By-Laws.
Reading of Resolutions, Memorials, etc.
Miscellaneous business.

Report of Councilors

1st District.....C. L. Evans, Oregon
2nd District.....W. T. Elam, St. Joseph
3rd District.....G. W. Whitely, Albany
4th District.....C. R. Buren, Princeton
5th District.....E. E. Parrish, Memphis
6th District.....H. Jurgens, Edina
7th District.....L. W. Dallas, Hunnewell
8th District.....W. B. Dorsett, St. Louis
9th District.....A. R. McComas, Sturgeon
10th District.....C. W. Reagon, Macon
11th District.....J. D. Brummall, Salisbury
12th District.....E. H. Miller, Liberty
13th District.....F. E. Murphy, Kansas City
14th District.....C. T. Ryland, Lexington
15th District.....M. P. Overholser, Harrisonville
16th District.....J. R. Buchanan, Nevada
17th District.....R. D. Haire, Clinton
18th District.....Frank DeVilbiss, Eugene
19th District.....G. Ettmueller, Jefferson City
20th District.....F. J. Lutz, St. Louis
21st District.....G. M. Rutledge, Ste. Genevieve
22nd District.....F. R. Newberry, Fredericktown
23rd District.....T. C. Allen, Bernie
24th District.....T. W. Cotton, Van Buren
25th District.....Frank Harrison, Farmington
26th District.....R. L. Johnson, Rolla
27th District.....H. C. Shuttee, West Plains
28th District.....T. A. Coffelt, Springfield
29th District.....A. R. Snyder, Joplin

MEDICAL SECTION

House of Representatives

SECOND DAY—WEDNESDAY, MAY 19, 1909.

MORNING SESSION—9:00 O'CLOCK.

1. The New Standard of Diet with Reference to Health and Disease.....I. J. Wolf, M. D., Kansas City
2. Acute Pulmonary Edema, With Report of Cases.....James Q. Chambers, M. D., Kansas City
3. Tuberculosis as the General Practitioner Sees It.....O. H. Brown, M. D., Mount Vernon
4. Serum Diagnosis of Syphilis..John W. Marchildon, M. D., St. Louis
5. The Value of a State Laboratory..Guthrie McConnell, M. D., St. Louis
6. The Etiology and Prevention of Typhoid Fever.....Edward Schoor, M. D., Garden City
7. Fractures; General Considerations....A. J. Campbell, M. D., Sedalia
8. Emergency Surgery in the Country..J. B. Norman, M. D., California
9. The Diagnostic Value of the Systolic Murmur at the Apex of the Heart.....Frederick W. Froehling, M. D., Kansas City

SECOND DAY—WEDNESDAY, MAY 19, 1909.

AFTERNOON SESSION—1:30 O'CLOCK.

10. Aneurysm of the Thoracic Aorta.....Wm. Engelbach, M. D., St. Louis
11. Nine Cases of Cerebro-Spinal Meningitis Treated With Flexner's Serum.....D. L. Harris, M. D., St. Louis
12. Scientific Employment of Drugs.....W. R. Patterson, M. D., Tipton
13. Progress in Medicine and Surgery.....C. O. Dewey, M. D., Breckenridge
14. The Relation of the Physician and Surgeon in Appendicitis Cases.....A. B. Miller, M. D., Macon
15. The Doctor as a Witness.....John Ashley, M. D., Bloomfield
16. The Physician as an Expert on the Psychopathies.....C. H. Hughes, M. D., St. Louis
17. The Physician; His Duty and Obligation Toward the Advancement of the Medical Profession.....J. S. Newlon, M. D. ,Butler
18. Verrucae Plantares et Palmares.....J. Phillip Kanoky, M. D., Kansas City

THIRD DAY—THURSDAY, MAY 20, 1909.

MORNING SESSION—9:00 O'CLOCK.

19. Diabetes Mellitus.....W. H. Garrison, M. D., Eight Mile
20. The Treatment of Diabetes Mellitus.....Franklin E. Murphy, M. D., Kansas City

21. Dermatitis Exfoliativa Neonatal; Report of Case.....
.....J. C. Matthews, M. D., Springfield
22. Etiology and Treatment of Eclampsia..A. L. Gray, M. D., St. Joseph
23. The Physiology and Management of the Puerperium.....
.....E. A. Hoefer, M. D., Higginsville
24. Ectopic Pregnancy.....J. W. Marsh, M. D., Tipton
25. Cretinism; With Report of Case.....
.....J. Nelson Barger, M. D., Albany
26. Catarrh of the Middle Ear.....G. E. Gwinn, M. D., Bethany
27. Diphtheria; With Report of Case.....B. B. Barr, M. D., Clinton

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THIRD DAY—THURSDAY, MAY 20, 1909.

AFTERNOON SESSION—1:30 O'CLOCK.

28. Malarial Infection in Children....Scott P. Child, M. D., Kansas City
29. Obesity.....W. K. Statler, M. D., Oak Ridge
30. Solidified Carbon Dioxid as a Topical Agent.....
.....Joseph Grindon, M. D., St. Louis
31. Traumatic Eye Lesions and No Specialist.....
.....W. F. Chaffin, M. D., Raymore
32. Corneal Ulcers and Their Treatment.....S. G. Kelly, M. D., Sedalia
33. A Review of the Treatment of Epilepsy in General Practice.
.....E. C. Callison, M. D., Kirksville
34. The Use of Bismuth Vaseline Paste; Report of Cases.....
.....T. F. Frazer, M. D., Commerce

SURGICAL SECTION

Senate Chamber

SECOND DAY—WEDNESDAY, MAY 19, 1909.

MORNING SESSION—9:00 O'CLOCK.

1. Dr. Adam Hammer, Surgeon and Apostle of Higher Medical Education.....James Moores Ball, M. D., St. Louis
2. Problems and Possibilities of a Country Practitioner From a Surgical Standpoint.....T. F. Lockwood, M. D., Butler
3. Some Diagnostic Points.....J. H. Morroway, Ridgeway
4. Anesthesia.....W. E. Leighton, M. D., St. Louis
5. Some Late Effects of Chloroform..Wm. E. Stevens, M. D., Kansas City
6. A Study of the Action of Scopolamine-Morphine on the Heart, Liver and Kidneys, With a Report of Six Hundred and Fifty Cases of Scopolamine-Morphine Administered as a Preliminary to General Anesthesia.....C. M. Nicholson, M. D., St. Louis
7. The Physiology of Shock.....M. G. Seelig, M. D., St. Louis
8. Internal or Direct Splint in the Treatment of Fractures.....
.....Herman E. Pearse, M. D., Kansas City
9. Fractures of the Neck of the Femur..J. H. Tanquary, M. D., St. Louis

10. Compound Fractures and Remote Effects Under Prevailing Treatment.....G. Wiley Broome, M. D., St. Louis
11. Report of a Case of Osteosarcoma.....C. W. Watts, M. D., Fayette
12. The Proper Age at Which to Operate for Clefts of the Hard Palate.....Vilray Papin Blair, M. D., St. Louis

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SECOND DAY—WEDNESDAY, MAY 19, 1909.

AFTERNOON SESSION, 1:00 O'CLOCK.

13. Remarks on Tumors of the Parotid Gland.....Francis Reder, M. D., St. Louis
14. Exophthalmic Goitre.....H. Tuholske, M. D., St. Louis
15. The Treatment of Parenchymatous and Exophthalmic Goitres.....Edward G. Blair, M. D., Kansas City
16. Report of Two Cases of Injury to the Heart.....Louis Rassieur, M. D., St. Louis
17. Cancer of the Stomach.....C. R. Dudley, M. D., Hannibal
18. Regurgitant Vomiting, Due to Unusual Adhesions, Following Gastro-Enterostomy with Pyloric Exclusion.....Max W. Myer, M. D., St. Louis
19. Surgical Dyspepsia.....Fritz J. Moennighoff, M. D., Kansas City
20. Remote Effects of Abdominal Injuries.....Robert E. Schleuter, M. D., St. Louis
21. Surgical Technique.....J. M. Frankenberger, M. D., Kansas City
22. Practical Points in Abdominal Surgery..C. C. Morris, M. D., St. Louis
23. Abdominal Incision.....Pinckney French, M. D., St. Louis

THIRD DAY—THURSDAY, MAY 20, 1909.

MORNING SESSION—9:00 O'CLOCK.

24. "Stunts" in Surgery.....Wm. S. Deutsch, M. D., St. Louis
25. Personal Experiences with Abscess of the Liver.....H. S. McKay, M. D., St. Louis
26. Some Remarks Regarding Gall Bladder Disease.....Robt. M. Funkhouser, M. D., St. Louis
27. A Case of Congenital Absence of Gall Bladder in Which Appendicitis Produced the Symptoms of Gall Stone Disease.....G. W. Cale, Jr., M. D., St. Louis
28. Tuberculous Omental Mass Simulating Gall Bladder Disease, With Report of Cases.....Gordon A. Beedle, M. D., Kansas City
29. Similarity of Symptoms in Certain Cases of Chronic Appendicitis and Calculus of the Right Ureter: Report of Case with Plea for Careful Analytical Diagnosis.....Jno. Young Brown, M. D., St. Louis
30. A Critical Review of a Series of Appendix Cases.....Luther A. Todd, M. D., St. Joseph
31. Surgical Treatment of Amebic Dysentery by Appendicostomy.....Rodney J. Bunch, M. D., St. Louis
32. The Gynecologist of To-day.....Walter B. Dorsett, M. D., St. Louis
33. The Causes of Amenorrhœa.....George Gellhorn, M. D., St. Louis
34. Ectopic Gestation Symptoms in Gonorrhœal Salpingitis Cases.....H. S. Crossen, M. D., St. Louis

THIRD DAY—THURSDAY, MAY 20, 1909.

AFTERNOON SESSION—1:00 O'CLOCK.

35. Dysmenorrhœa.....Jno. McH. Dean, M. D., St. Louis
36. Ovarian Tumor Complicating Pregnancy, with Recovery After Operation.....Davis Forster, M. D., St. Louis
37. Intestinal Obstruction; With Special Reference to Paresis of the Bowels.....T. E. Potter, M. D., St. Joseph
38. Illustrative Cases of Intestinal Obstruction; With Remarks on Diagnosis and Treatment..Walter C. G. Kirchner, M. D., St. Louis
39. Membranous Pericolitis.....Jabez N. Jackson, M. D., Kansas City
40. Chronic Colitis.....W. J. McGill, M. D., St. Joseph
41. Excision of Lower Part of Rectum; Report of Case.....W. H. Coffey, M. D., Kansas City
42. Modern Methods in the Surgical Treatment of Rectal Diseases.....J. S. Wallace, M. D., Brunswick
43. The Immediate Suture Operation in Fistula in Ano; With Report of Cases.....E. H. Thrailkill, M. D., Kansas City
44. Unilateral Suppurative Infection of the Kidney.....Charles Hodge Wallace, M. D., St. Joseph
45. Cystoscopy; Its Practical Results.....H. J. Scherck, M. D., St. Louis

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THIRD DAY—THURSDAY, MAY 20, 1909.

EVENING SESSION—8:00 O'CLOCK.

46. Bladder Stone; Its Diagnosis and Treatment.....Ernest G. Mark, M. D., Kansas City
47. Neoplasm of the Testicle.....A. H. Cordier, M. D., Kansas City
48. Undescended Testicle and Malignant Degeneration.....Ernst Jonas, M. D., St. Louis
49. Radical Operation for Hernia; as Seen by the Country Surgeon.....C. H. Suddarth, M. D., Smithville
50. Report of a Case of Shoulder-Joint Amputation, with Peculiar Sequelæ.....B. Clark Hyde, M. D., Kansas City
51. Modern Ideas of Chronic Rheumatism.....Archer O'Rielly, M. D., St. Louis
52. The Open Method of Treating Infected Joints; with Report of Case.....John D. Seba, M. D., Bland
53. Skin Stretching; with History of Cases.....J. H. Roney, M. D., Lawson

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EYE, EAR, NOSE AND THROAT SECTION

Committee Room

SECOND DAY—WEDNESDAY, MAY 19, 1909.

MORNING SESSION—9:00 O'CLOCK.

1. Ocular and Aural Prophylaxis.....P. I. Leonard, M. D., St. Joseph
2. The Prevention of Ear Disease.....Hal Foster, M. D., Kansas City

3. Our Overstocked Instrument Case: A Plea for Operative Simplicity in Oto-Laryngology....Fayette C. Ewing, M. D., St. Louis
4. Adenoids.....John C. Faris, M. D., Pemiscot
5. Penetrating Wounds of the Eyeball.....Llewellyn Williamson, M. D., St. Louis
6. Nasal Obstruction: Some of Its Causes, Effects and Treatment..H. G. Savage, M. D., Warsaw
7. Nasal Obstructions as a Causative Factor in Diseases of Ear and Throat.....D. C. Adcock, M. D., Warrensburg

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SECOND DAY—WEDNESDAY, MAY 19, 1909.

AFTERNOON SESSION—1:30 O'CLOCK.

8. Some Observations on Cause and Effect in Diseases of the Eye and Ear.....F. L. Anderson, M. D., Nevada
9. The Art of Refraction.....John Green, Jr., M. D., St. Louis
10. Report of An Accidental Opening of Lateral Sinus.....Eugene Sesensey, M. D., St. Louis
11. Ocular Diseases Due to Systemic Influences.....W. H. Minton, M. D., St. Joseph
12. Labyrinthine Affections.....C. F. Pfingsten, M. D., St. Louis
13. The Cross-Eyed.....Ernst Saxl, M. D., St. Louis
14. Reflex Disturbances of Hypertrophied Turbinates.....C. A. Moore, M. D., Springfield

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THIRD DAY—THURSDAY, MAY 20, 1909.

MORNING SESSION—9:00 O'CLOCK.

15. Lantern Demonstration of Anatomy and Pathology of the Accessory Sinuses.....Max Goldstein, M. D., St. Louis
16. Seclusion and Occlusion of the Pupil with Absorption of Exudate After Period of Thirty-five Years.....W. B. Post, M. D., Carthage
17. Inspection of School Children with Special Reference to the Ear, Nose and Throat.....Charles Wyche, M. D., St. Louis
18. Irido-Cyclitis.....Theodore A. Coffelt, M. D., Springfield
19. My Operation for the Extirpation of the Lachrymal Sac.....C. Barck, M. D., St. Louis
20. Otitic Sinus Phlebitis and Thrombosis; With Report of a Case of Phlebitis and Thrombosis of Lateral Sinus and Jugular Vein..Wm. E. Sauer, M. D., St. Louis
21. Ocular Examination as an Aid in the Prognosis of Otitis Media Suppurativa.....W. Emil Klokke, M. D., St. Louis

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THIRD DAY—THURSDAY, MAY 20, 1909.

AFTERNOON SESSION—1:30 O'CLOCK.

22. Methods of Teaching in Otology....Seldon Spenser, M. D., St. Louis
23. Glaucoma.....Flavel B. Tiffany, M. D., Kansas City
24. Accidental Removal of the Stapes.....F. C. Simon, M. D., St. Louis
25. Osteoma of the Choroid.....W. H. Schultz, M. D., Kansas City

26. The Free Clinic Affiliated With the College and Its Poor System in St. Louis.....E. H. Higbee, M. D., St. Louis
27. Ophthalmological Experiences.....Barton Pitts, M. D., St. Joseph
28. Interesting Problems in Ear, Nose and Throat Practice..... .....Robert Barclay, M. D., St. Louis

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MISSOURI SOCIETY OF MEDICAL SECRETARIES

Madison Hotel Parlors

TUESDAY, MAY 18TH—4:00 P. M.

1. The Missouri State Medical Association: What it Should Mean to Missouri Doctors.....By Dr. Tinsley Brown, Hamilton
   Discussion opened by Dr. W. B. Dorsett.
2. What it Should Mean to the State at Large..... .....By Dr. E. C. Grim, Kirksville
   Discussion opened by Dr. M. F. Overholser.
3. Scientific Work in County Societies..By Dr. F. H. Matthews, Liberty
   Discussion opened by Dr. W. T. Elam.
4. The Social Side of the County Organization..... .....By Dr. H. S. Major, Hardin
   Discussion opened by Dr. S. V. Bedford.
5. The Secretary's Work from a Business Standpoint..... .....By Dr. E. N. Chastain, Butler
   Discussion opened by Dr. Carroll Smith.
6. How to Interest the Eligible Non-Members in County Society Work and How to Get a Good Attendance at the Meetings.... .....By Dr. A. H. Thornburg, West Plains
   Discussion opened by Dr. J. F. Chandler.
7. The State Journal: What It Should Mean to the Individual Members.....By Dr. L. W. Dallas, Hunnewell
   Discussion opened by Dr. J. R. Buchanan.
8. What the County Secretary Can Do to Make the State Journal a More Forceful Element in Medical Organization..... .....By Dr. E. J. Goodwin, St. Louis
   Discussion opened by Dr. E. H. Miller.
9. Prosecution of Irregulars: The Experience of a County Secretary.....By Dr. M. A. Smith, Gallatin
   Discussion opened by Dr. A. M. Wood.
10. Address: The Missouri Society of Medical Secretaries: Its Objects and Its Possibilities..... .....By Dr. J. N. McCormack, National Organizer

CORRESPONDENCE

To the Editor:

Herewith I hand you a copy of "Standing Orders for Nurses," adopted by the St. Louis Maternity Hospital, and request that you publish it in the Journal, as I believe the information may prove interesting to the members of the profession throughout the State.

Yours truly,

Davis Forster, M. D.

STANDING ORDERS FOR NURSES.

CONFINEMENT WARDS.

When patient in waiting ward or private rooms reports that pains have begun, the nurse of the delivery room takes charge of her.

1. Give warm tub bath.
2. Give enema of soapsuds, 1 to 2 pints.
3. Shave or clip vulval hair.
4. Scrub external genitalia, and patient from ribs to knees.
5. Rinse same parts with 1-2000 sol. bichloride.
6. Cover with sterile pad. (The patient must use bedpan and never toilet after once prepared.)

Put patient to bed in confinement room or if confinement bed is in use put in confinement ward.

The nurse prepares:

1. The delivery bed.
2. Tables for basins containing antiseptic solutions.
3. Jars with dressings.
4. Douche stand.
5. Rubber gloves for examination and for delivery.

DUTIES OF NURSE DURING FIRST STAGE OF LABOR.

After emptying bowel and bladder, patient having had vulva shaved, parts cleansed and covered with sterile pads, nurse arranges clothing of patient as comfortably as possible. No solid food is taken after onset of labor. Soups, broths, coffee or tea, milk and an abundance of water may be taken, as they leave no residue in stomach and do not interfere with the anesthetic.

Let the nurse have ready:

a. Blanket with sterile towel inside.
b. Ligature for cord.
c. Scissors and artery forceps.
d. Sterile hypodermic needles.
e. Strychnine sulphate, 1-30 gr.
f. Ergot aseptic.

INSTRUMENTS FOR REPAIR OF PERINEUM AND CERVIX.

a. Curved needles.
b. Needle holder.
c. Hemostatic forceps.
d. Silkworm gut.
e. Ten day No. 2 chromicized catgut.

If patient is a primipara during the early stage she may be up and about; this favors the descent of the child. When pains occur she may lie down or sit leaning forward and grasp a chair in front of her for support. As the pains increase in severity, patient will be forced to lie down.

If patient is a multipara she cannot be about so long lest a precipitate birth occur. Patient may lie on back or left side, head and shoulders raised, thighs flexed on body. Where the pains are simply nagging, not increasing steadily in vigor, the nurse should report this fact to the interne.

As the first stage of labor draws to a close, let the nurse see to the supply of (1) hot water, (2) stimulants, (3) aseptic dressings, (4) utensils, and (5) clothing for the child and all necessities.

After the membranes rupture a sterile pad must be placed over the vulva.

DUTIES OF NURSE DURING SECOND STAGE OF LABOR.

Antiseptic solutions, lysol, ½% and bichloride 1-2000 must be in constant readiness for cleansing of physician's hands and the external parts of patient for examination.

Nurse to have all articles in readiness and assist patient to sustain her strength. Pain in the lower part of back may be relieved by a hot pack or support by pressure.

The moment the child is born, the nurse will receive it in a sterile towel placed within a small blanket, which has been warmed.

The ligature, scissors, and one pair of hemostatic forceps are in readiness for the physician to tie the cord.

DUTIES OF NURSE DURING THE THIRD STAGE.

Have a plentiful supply of hot water.

a. Two quarts of hot antiseptic solution.
b. Aseptic dressings.
c. Hypodermic needles, sterile.
d. Fld. ext. ergot.
e. Hypodermic tablets of strychnine sulphate, 1-30 gr.
f. Ergot aseptic (which in case of post-partem hemorrhage is to be injected deep into gluteal muscles).

Have a basin in which a towel has been placed (to receive the placenta) in readiness and place under thigh to receive it when delivered along with the clots that may be found in the vagina.

Give one drachm of the fld. ext. ergot when the placenta has been delivered, and any other stimulant ordered by the physician, who is examining for lacerations.

If no lacerations are present, the parts are cleansed by sponging away blood and discharges with a bichloride solution 1-2000. An aseptic dressing is then applied and attached to binder.

If there is danger of hemorrhage, the binder is not applied. The nurse must be sure that the uterus is well contracted, hard and firm.

To apply binder properly, it should be fastened from above downward.

The uterus is brought down and forward against the brim of the pelvis.

Patient is returned to bed in confinement ward where nurse is in constant attendance for one hour watching contraction of uterus.

Patient to remain on back for eight hours, then to move from side to side at will.

Patient to remain in bed for ten days if there is no laceration.

If laceration of perineum is present, it is repaired at once with continuous catgut sutures and silkworm gut tension sutures.

Tension sutures to be removed in 10 to 15 days and patient kept in bed 21 days.

On eighth day, if no perineal laceration be present, prepare patient for physician to examine her for cervical lacerations. If he reports lacerations present, prepare instruments and catgut for repair of cervix

Instruments:

2 vulselli.
1 knife.
Scissors. 1 pair straight, 1 pair curved.
6 hemostatic forceps.
Short curved needles.
Needle holder.
Ten day chromicized catgut No. 2.

MOTHER'S DIET.

Give not over 2 quarts fluids in 24 hours,—milk, gruel, soup, cereals, coffee, cocoa only, for the first three days.

After the third day, if bowels have moved, add to diet, bread, toast, cooked cereals, eggs, vegetables. Light desserts, as corn starch, gelatin, tapioca, with stewed fruit, as apples, prunes, apricots. Meat in small quantities after bowels have moved thoroughly.

LAXATIVES.

Give castor oil, one-half ounce, at end of 48 hours. Enema if bowels fail to move 6 hours. Repeat enema if needed next day.

Report failure of regular bowel movement to house interne.

If urine is not voided six hours after delivery, report to interne.

CARE OF BABIES.

When baby is born let nurse have ready sterile towel and warm blanket in which baby is wrapped and left between mother's thighs, lying on right side.

Face of infant is douched with sterile water and eyes and mouth sponged with sterile pads.

Mucus is removed from respiratory canal.

When cord has ceased pulsation, nurse has ready:

1. Sterile tape.
2. Scissors.
3. Artery clamps.

After cord is severed and tied, nurse sponges cut end with alcohol.

Child is wrapped warmly and laid aside in safe place while nurse assists further in care of mother.

Later infant is annointed with oil and nurse puts one drop of a 1% silver nitrate sol. in each eye.

Child is dressed and laid in quiet place until applied to mother's breast.

FEEDING OF CHILD.

Apply child to breast shortly after birth (within the first six hours, usually), and every six hours afterward, for the first day.

Second day. Every four hours.

Third day. Every three hours.

When there is an abundance of milk and the breasts become turgid and painful, the child is urged to nurse every two hours, for the mother's sake, until the breasts are relieved and for the child's sake if there has been a large initial loss in weight and it seems restless from hunger.

After a long initial delay of breast milk (two days or longer), child will have a lively appetite and cry noisily if not applied as often as every two hours. But after getting a reasonable quantity for 24 hours will remain away from mother longer and even sleep when offered breast.

Normal infants obtaining a reasonable amount of milk will take one long, uninterrupted sleep in 24 hours.

The nurse should train child to take this nap at night.

While not nursing, babies are to be kept in baby ward.

1424 E. Ravenswood Park, Chicago, Ill., March 10, 1909.

TO THE EDITOR:

I am collecting material for a paper upon atropine as a hemostatic, and would be obliged to any of your readers who would send me notes of their experience with this remedy. I am particularly anxious to receive adverse reports, as well as those favoring the remedy.

Thanking you for the courtesy of inserting this note, I remain.

Very sincerely yours,

WILLIAM F. WAUGH, M. D.

COUNTY SOCIETY NOTES

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society held its regular monthly meeting at Cape Girardeau, April 12th. Ten members and the following visitors were present: Dr. Nettles and our councilor, Dr. Newberry.

The application of Dr. Nettles was placed before the Society and upon the recommendation of Dr. Newberry, the doctor was received into the Society.

A committee was appointed to arrange for the Dr. McCormack meeting, May 31.

The scientific program for the evening consisted of the following papers: Histology and Pathology of Membranous Croup, by Dr. Yount; Symptomatology and Treatment of Membranous Croup, by Dr. Rosenthal; Spasmodic Croup, by Dr. Walker; Tonsillitis, by Dr. Moore. Dr. Rosenthal and Dr. Walker were not present to read their papers, but the two papers by Drs. Yount and Moore were much appreciated and created a very animated discussion of the conditions reported.—E. H. G. Wilson, M. D., Secretary.

JOHNSON COUNTY MEDICAL SOCIETY.

The Johnson County Medical Society met in regular session at Warrensburg, April 13th.

The scientific program of the evening consisted of a symposium on diseases of the kidneys, as follows: The Anatomy and Physiological Functions of the Kidneys, by Dr. Parker, of Warrensburg; Acute Inflammatory Diseases of the Kidneys and Treatment, by Dr. L. J. Schofield, of Warrensburg; Chronic Inflammatory Diseases of the Kidneys and Treatment, by Dr. J. I. Anderson, of Warrensburg.

Our retiring president, Dr. J. T. Anderson, delivered the following address at our March meeting:

I appreciate the honor which you have conferred upon me by electing me president of this Society. I consider it the highest office in our county. I shall endeavor to do all in my power to make this Society better this year than it has been in the past. I realize that this will be easier done as we are on a good working foundation, and that you are better fitted to assist than you ever were.

I desire to outline a few suggestions, which, if followed out, I believe will be a benefit to us:

First, I suggest that we put aside all professional jealousy and let us be as free from cliques and classes as possible. Let us have every-

thing out of our minds when we meet here save the good of this Society and the advancement of medical education in this country. Let us all come here for information and let everyone feel free to express his ideas.

Secondly, I think during the summer months we should meet monthly. If we maintain the proper enthusiasm necessary for a live medical society it is necessary for us to meet often.

Thirdly. Those who are placed upon the program for papers should by all means prepare their papers, and if professional duty should be so urgent as to keep them from attending the Society, send their papers to the secretary so they can be read and discussed. It is an insult to a body of doctors who honor a member by placing him on the program for a paper, to have him ignore them, draw himself up in his shell and not come nor send his paper; so let everyone who is placed upon the program this year go to work and prepare his paper and get it to the Society without fail.

Fourthly, I desire to suggest a change in the arrangement of papers. I don't think we are systematic enough to get the best results. I don't think we are scientific enough, either. Our papers are too promiscuous. I suggest that we take up an organ or organs, and that our scientific committee assign to the men chosen to write a symposium—one paper giving us the anatomy-physiology of the organ under study in a concise manner, but at the same time giving us a good outline of the same. Another paper dealing with pathology, including clinical history and the various means of diagnosis, and the third dealing with the various means of therapy. I would continue on an organ or organs until their diseases were gone through pretty thoroughly, and in connection with this symposium if we could get clinical material for demonstration it would be the better, of course.

I really have gotten more from the clinics here than any other source. I know that we could have more clinics than we have if every doctor would only try and bring his cases. Don't only bring the cases that you can't fathom, but bring the ones that you have studied out and know like your a. b. c.'s, so you are able to make an interesting demonstration to us concerning them. We need a blackboard here for drawing the thorax and abdomen and marking the sub-divisions of these cavities with the organs they contain. By thus arranging the papers in a systematic form, taking up the heart, for instance, and staying with it until it was thoroughly studied; then the stomach, putting in more time, of course, upon organs like the stomach and bowels and their diseases, which are so prevalent that all of us are constantly meeting them every week almost, we would be greatly benefited.

As I began to say, by arranging the papers thus, it would enable us to get more of the scientific part of medicine, which, to my judgment, this Society needs, situated as we are, away from the city—where we are all general practitioners, without medical teachers and other scientific men to vie with, or even hear—we are inclined to get careless and not do as well as we could.

Let us get busy and give the Society this year and from now on our best efforts. Let us make ourselves better able to benefit each other by careful study of a subject assigned to us. Do not get too long and tiresome, but give us truth garbed in a scientific suit cut just to fit an ordinary man.

MACON COUNTY MEDICAL SOCIETY.

The Macon County Medical Society met in regular monthly meeting at the office of Dr. A. B. Miller in Macon, Tuesday morning, April 13th. Members present were as follows: T. S. Watson, Bevier; George F. Brewington, Bevier; W. P. Rowland, Bevier; F. B. Dailey, Keota; P. R. Tainter, Callao; A. B. Miller, W. H. Miller, C. W. Reagan, L. M. Thompson. A special meeting of this Society has been arranged for May 11th, at Macon, at which time the discussion will be on the subject of appendicitis.

MARION COUNTY MEDICAL SOCIETY.

The Marion County Medical Society held its regular monthly meeting in Hannibal, Friday evening, April 2d.

Under interesting cases, Dr. Bounds presented the history of a typhoid fever patient who died suddenly during convalescence.

Dr. Hornback described a case of aphasia following a middle ear abscess.

Dr. Howell reported a case of secondary hemorrhage occurring four days after the removal of enlarged tonsils.

The paper of the evening was read by Dr. Winn, the subject being "Goitre from the Standpoint of the General Practitioner."

A committee composed of Dr. Goodier, Dr. Farrell and Dr. Banks was appointed to arrange for the lectures to be given by Dr. McCormack in the early part of May.—I. E. Hill, M. D., Reporter.

SCOTT COUNTY MEDICAL SOCIETY.

The Scott County Medical Society met at Benton, April 5th, 1909. Those present were Drs. T. F. and T. R. Frazer, W. H. Wescoat, J. A. Milem, U. P. Haw, J. A. Cline, C. M. Malcolm, G. S. Cannon, W. S. Hutton, W. E. Harris and R. S. McCabe.

The scientific program of the evening consisted of a report of a case of broncho-pneumonia by Dr. T. F. Frazer and a report of three cases of scarlet fever by Dr. Haw. Dr. Malcolm related a fatal case of hematemesis and Dr. Cline discussed the subject of superfetation.

The next meeting will be held at Benton the first Monday in July.—W. S. Hutton, M. D., Secretary.

STE. GENEVIEVE COUNTY MEDICAL SOCIETY.

The Ste. Genevieve County Medical Society held its regular monthly meeting April 14th.

Dr. C. C. Kerlagon's application for membership was voted on and he was unanimously elected a member.

No further business appearing, the Society adjourned until the second Wednesday in May, at 7:30 P. M.—R. W. Lanning, M. D., Secretary.

ST. JOSEPH-BUCHANAN COUNTY MEDICAL SOCIETY.

MEETING OF WEDNESDAY EVENING, FEBRUARY 24TH.

Dr. Jacob Geiger, chairman of the Missouri Valley, submitted a brief report.

Dr. Daniel Morton, chairman of the entertainment committee, also made a report.

On motion of Dr. Leonard, Senate bills Nos. 149, 150 and 151, pending in the State Senate, were unanimously endorsed.

Dr. C. A. Good read a paper on "Acute Glandular Fever," which was discussed by Drs. Willman, Forgrave, Leonard, Morton, Woodson and Elam.

Dr. J. H. McCoy opened the discussion on "Tonsillitis," and he was followed by Drs. McKinley, Leonard, Willman and Gleaves.

MEETING, WEDNESDAY EVENING, MARCH 10TH.

Dr. J. W. Heddens presented a paper on "Hyperemia," which was discussed by Drs. McGlothlan, Leonard, Carpenter, Good, Campbell.

Upon motion, the thanks of the Society were extended to the officers of the St. Joseph Medical and Surgical Society for donation to the entertainment fund of the Missouri Valley committee.

The application of Dr. J. A. Hensler was read and referred to the censors.

Upon motion, it was decided to call a special meeting of the Society, in honor of Dr. Boldt, for the evening of March 16, at which time Dr. J. W. Heddens would present a paper on "Retrodisplacements of the Uterus."

SPECIAL MEETING, MARCH 16TH.

A special meeting of the Society was held on Tuesday evening, March 16, at the Robidoux, complimentary to Dr. H. J. Boldt, of New York. Dr. J. W. Heddens presented a paper on "Retrodisplacements of the Uterus," which was discussed by Drs. Boldt, Schmid, Wallace, Potter, Jacob Geiger, Campbell, Willman, and Geo. Nash, of Maryville. At the conclusion of the scientific program, the members repaired to the banquet table, where a Dutch lunch was served, and the remaining hours of the evening were spent in social intercourse.

MEETING OF WEDNESDAY EVENING, MARCH 24TH.

Dr. P. I. Leonard offered a motion that the Society go on record as being in favor of the law regarding Optometry remaining as it is, and opposed to the new House Bill No. 411, and that our representatives be so instructed. Carried.

Dr. T. H. Doyle offered a motion thanking the business men and profession of the city for their substantial aid in contributing to the entertainment fund of the Missouri Valley meeting. Carried.

Dr. P. I. Leonard offered a vote of thanks to the Missouri Valley committee for its efforts to make the meeting a success. Carried.

Dr. P. I. Leonard presented a paper on "Sudden Blindness," which was discussed by Drs. Pitts, Jacob Geiger, Renaud, Gleaves.

Dr. W. J. McGill opened the discussion on "Bacterial Vaccines in Gonorrhœa," and was followed by Drs. Paul, Chris, Sampson and Bansbach.—CHAS. WOOD FASSETT, M. D., Secretary.

ARTICLES APPROVED BY THE COUNCIL ON PHARMACY AND CHEMISTRY.

PHENOCOLL SALICYLATE.

Phenocoll salicylate, $C_6H_4.OC_2H_5.NH(CH_2NH_2.CO).C_6H_4.OH.COOH=C_{17}H_{20}O_5N_2$, is the salicylate of the synthetic base phenocoll (see phenocoll hydrochloride).

Actions and Uses.—It combines the therapeutic action of phenocoll (antipyretic, analgesic, see phenocoll hydrochloride) with those of salicylic acid (antiseptic, antirheumatic). It is recommended in rheumatism, gout, chorea, pleuritis and fevers, especially in influenza. Dosage.—1 to 2 Gm. (15 to 30 grains).

PEGNIN.

The milk-curdling enzyme of calf's rennet, diluted with sugar of milk and sodium chloride.

Actions and Uses.—Producing a finely divided coagulum, it obviates the formation of the clotty curds which are liable to be produced when untreated cow's milk is taken as food. Cow's milk coagulated with pegnin as described below is said to be particularly serviceable for infant feeding and well adapted as a food for adults in stomach affections and in disturbances of the digestion incident to infectious diseases, in hyperacidity, etc. Dosage.—8 to 10 Gm. (120 to 150 grains) of pegnin are required for 1 liter (34 fluidounces) of milk, previously boiled and cooled to about 40° C. (104° F.). The mixture, after a brief shaking, is allowed to stand 2 to 3 minutes or until it is completely coagulated, and then shaken vigorously during several minutes until the coagulum has been converted into a smooth, homogeneous mixture, and set aside in a cool place. It is transferred to the nursing bottle as required and heated in warm water to the body temperature (37.5° C., 99.5° F.) before feeding infants. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

PIPERAZINE.

Piperazine, $NH\begin{matrix}\diagup CH_2.CH_2.\diagdown \\ \diagdown CH_2.CH_2.\diagup\end{matrix}NH=C_4H_{10}N_2$, is a synthetic base obtained by the condensation of two $.CH_2.CH_2.$ groups, with two :NH groups.

Actions and Uses.—A part of the piperazine ingested passes undecomposed into the urine and is claimed by some to form a very soluble compound with the urinary uric acid; others state that the piperazine which is excreted is largely in combination with the stronger mineral acids. It has been shown that urine containing piperazine has no greater solvent power on uric acid than ordinary urine. It seems to produce no symptoms in man or animals, even when administered in fairly large quantities, although it is stated that, after large doses, tremors, clonic spasms and general depression have occurred. Piperazine has been recommended for the prevention of the formation of renal and vesical calculi and for the relief of irritation of the bladder due to excess of uric acid in the urine and in cases of chronic gout, rheumatism, renal colic, etc. The attempt to secure the solution of uric acid in the body by this as well as other remedies has not been successful in the experience of many clinicians. Dosage.—0.3 to 0.6 Gm. (5 to 10 grains); daily dose, 1 to 2 Gm. (15 to 30 grains). Owing to its hygroscopic character, it is impracticable to dispense it in powder; it should, therefore, be dispensed in solution in water, plain or carbonated, but in quantities sufficient for a day's supply only. Manufactured by Fabenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York). Also by Chemische Fabrik auf Actien vorm. E. Schering, Berlin (Schering & Glatz, New York).